

DEPT.-65

JOB- 28

REEL- 13

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF HEALTH BUREAU OF VITAL
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

FORM RM-1 (11-55) RETAIN-PERM				Request for Retention Period	
To: Records Management Officer Room 408, City Hall, Baltimore, 2, Md.				Authorization No. 346	
				Department: Health	
				Bureau: Vital Statistics	
Record Identification					
1. TITLE: <div style="text-align: center;">Certificate of Live Birth</div>		2. Form No. if available		3. Type—(cards, paper, etc.) <div style="text-align: center;">Bound Book</div>	
4. Dates	5. Volume accumulated yearly	6. Size of Record <div style="text-align: center;">Misc.</div>	7. Number of copies made		
8. Authorization Requested (check only one (1) of the squares below)					
A. Establish retention period for <input type="checkbox"/> records which are accumulating daily		B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>		C. Microfilm and destroy originals. <input type="checkbox"/>	
				D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/>	
9. Recommended Retention Period: a. In Dept. 70 yrs.		b. In Storage Center 70 yrs.		10. Equipment and space freed. Micro. Perm. Micro. Perm.	
				11. In your opinion does this record have any historical significance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
12. DESCRIPTION OF RECORD. (Describe accurately and show recommended retention period.)					
<p>These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.</p> <p>RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.</p> <p>Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.</p>					
Department or Bureau Approval				Title: Robert E. Farber Commissioner of Health	
				3/28/63 Date	
Recommendation of Records Management Officer					
13. Recommended Retention Period: a. In Dept. 70 yrs.			14. Disposal Method		
b. In Storage Center Microfilm Permanent			c. Total and Microfilm Permanent		
			A. To be sold as scrap or waste paper <input type="checkbox"/>		
			B. To be Burned or shredded <input checked="" type="checkbox"/>		
			C. Historical, (to be transferred to Dept. of Legislative Reference.) <input type="checkbox"/>		
REMARKS: 2 negative Rolls 1 Positive Roll					
				C. P. Hoole Records Management Officer	
				3/28/63 Date	
APPROVALS OF RECORDS DISPOSAL COMMITTEE					
KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER ROOM 408, CITY HALL, BALTIMORE 2, MD.					
1. APPROVED: CITY AUDITOR <i>[Signature]</i>		4. APPROVED: CITY TREASURER <i>[Signature]</i>			
2. APPROVED: CITY SOLICITOR <i>[Signature]</i>		5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS <i>[Signature]</i>			
3. APPROVED: CITY COMPTROLLER <i>[Signature]</i>		6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM <i>[Signature]</i>			
		7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE <i>[Signature]</i>			

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

52928

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight Male

1. Sex (state whether Male or Female)

Colored

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 5th 1882

4. Place of Birth (Street and Number)

No 11 Race St

5. Full Name of Mother

Hester Martha

6. Mother's Maiden Name

Hester Martha

7. Mother's Birthplace

Cecil Co Md

8. Full Name of Father

George Parfey

9. Father's Occupation

Labourer

10. Father's Birthplace

Annapolis Md

Name of Medical Attendant, or other Person who

Caroline Moore

Address

No 2 Belcher St

Remarks

Birth. It is on their duty to inform the Registrar of the birth of every child born or not, live full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes the Return

Address,

Remarks,

3rd
Female

White

January 5, 1882

372 E. Pratt St.

Hennetta Cox Rowe

Hennetta Cox Shermer.

Maryland

Buckhead Rowe

Coal Merchant

Maryland

D. W. Henshaw

75 E. Baltimore St.

RETURN OF A BIRTH,

52928

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Birth
1. Sex (state whether male or female) Boi
2. Race or Color, (if not of the white race) Wet
3. Date of Birth 6 January
4. Place of Birth, (Street and Number) Kattel Street No 53
5. Full Name of Mother Kathe Hoffmann
6. Mother's Maiden Name " " Mark
7. Mother's Birthplace Baltimore
8. Full Name of Father Johan Hoffmann
9. Father's Occupation ~~Kattel~~ Tailor
10. Father's Birthplace Martensdorf Prussia
- Name of Medical Attendant, or other Person who makes this Return. Battel Street No 143
- Address _____
- Remarks _____

Miss Maudie

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *January 6th 1882*
4. Place of Birth (Street and Number) *Clay St 48*
5. Full Name of Mother *Rachel Williamson*
6. Mother's Maiden Name *Rachel Harrod*
7. Mother's Birthplace *Baltimore county*
8. Full Name of Father *Freemount A Williamson*
9. Father's Occupation *Porter*
10. Father's Birthplace *Porter*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Bias A Biddle St*
- Address *to the Board of Health*
- Remarks

RETURN OF A BIRTH

59930

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 1882

4. Place of Birth, (Street and Number)

39 Stoctum St

5. Full Name of Mother,

Annie O'Neil

6. Mother's Maiden Name,

Annie Mooney

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Matthew O'Neil

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Miss Annie Meserole

Address,

275 R. ex

Remarks.

RETURN OF A BIRTH

52931

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 3

2. Sex, (state whether male or female) .. Male

3. Race or Color, (if not of the white race)

4. Date of Birth, .. January 6, 1882

5. Place of Birth, (Street and Number) .. 175 E. Pratt St.

6. Full Name of Mother, .. Friederick Heiffer

7. Mother's Maiden Name, .. Fuernicht

8. Mother's Birthplace, .. Baltimore Md

9. Full Name of Father, .. Louis M. Heiffer

10. Father's Occupation, .. Cigar maker

11. Father's Birthplace, .. Baltimore

Name of Medical Attendant, or other Person who make this Return .. Mary Shinn

Address, .. 151 E Pratt St.

Remarks,

RETURN OF A BIRTH

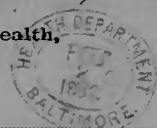
52932

RETURN OF A BIRTH

52939

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *second*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *6 of January 1882*

4. Place of Birth, (Street and Number) *No. 161 E. Fresh Street*

5. Full Name of Mother, *Mrs. Maggie Miller*

6. Mother's Maiden Name, *Miss Maggie Rawm*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *W. W. Miller*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Dr. J. W. Miller*

Address *1 E. Lombard St.*

Remarks

any of the mother of such child or children.

52939

RETURN OF A BIRTH,

59933

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



son, place of birth, whether born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 6th 1882

4. Place of Birth, (Street and Number)

1014th William st

5. Full Name of Mother

Lisette Bunley

6. Mother's Maiden Name

Lisette Greenman

7. Mother's Birthplace

Germany Balto. Ind

8. Full Name of Father

Walter Bunley

9. Father's Occupation

Photographer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catherine Hermann

Address

1018 Byrd street

Remarks

Child died three hours after Birth

Sanford Perry S. Bonds of 2nd St.

J. Horner

52934

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JUN 3 1982" is stamped. The stamp is slightly faded and overlaps with the text "Health" on the left and "Baltimore" on the right.

of the parents, and the maiden name of the mother of such child or children."

3

make

11th Inst.

6 January 1852

~~It is~~ as 97 as with a tree

Mallie Jones

11. Chaffinch

Baltimore

Alfred Jones

furniture dresser

Baltimore

Mrs Rosa Higgins

N^o 4876 Aland street

2

RETURN OF A BIRTH

52935

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

4. Date of Birth,

June 11

5. Place of Birth, (Street and Number)

14 E. Lombard St.

6. Full Name of Mother,

Caroline Siegel

7. Mother's Maiden Name,

Re. Eckhardt

8. Mother's Birthplace,

Prussia

9. Full Name of Father,

Ernst Siegel

10. Father's Occupation,

Liquor Dealer

11. Father's Birthplace,

Germany

Name of Medical Attendant, or Other Person who makes this Return

Sarah Casper

Address,

22 E. Lombard St.

Remarks,

RETURN OF A BIRTH

59936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first child*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *January the 6th 1882*
5. Place of Birth, (Street and Number) *161 South Chester Street*
6. Full Name of Mother, *Annie S. L. Menchel Greifyn*
7. Mother's Maiden Name, *Annie S. L. Menchel*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Charles H. Greifyn*
10. Father's Occupation, *Barber*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Mary L. Simon*
- Address, *171 South Washington Street*
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52937

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 6th 1882

4. Place of Birth (Street and Number)

No. 254 Lee St

5. Full Name of Mother

Grace Lee

6. Mother's Maiden Name

Grace Clark

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Christopher Reed

9. Father's Occupation

Brick Layer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Esther Cason

Address

No 74 S. Howard St

Remarks

RETURN OF A BIRTH

59938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
White
January 6th 1892
184 Maryland St
Elizabeth Schmalzer
Mary Anne Jones
Baltimore
Mrs. M. J. Cottrell
110 N. Howard St

RETURN OF A BIRTH

19939

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 1st 1887

4. Place of Birth, (Street and Number)

322 Canton St.

5. Full Name of Mother,

Anna D. Biscoe

6. Mother's Maiden Name,

John A. Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Biscoe

9. Father's Occupation,

Ship Smith

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

1012 Patterson St. Wm

Remarks,

52940 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Col. Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

January 6

4. Place of Birth (Street and Number)

Baltimore 21 Rose St.

5. Full Name of Mother

Laley Daisy

6. Mother's Maiden Name

Laley Daisy

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Robert L. Laley

9. Father's Occupation

Walter

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Luscy Loomis.

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 52941

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male*
 1. Sex (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth *6 of January 1882*
 4. Place of Birth, (Street and Number) *Saint Mary Street No 27*
 5. Full Name of Mother *Laura Bogier*
 6. Mother's Maiden Name *Laura Rolke*
 7. Mother's Birthplace *Frederick City*
 8. Full Name of Father *Richard Bogier*
 9. Father's Occupation *Meat Store*
 10. Father's Birthplace *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Wallace*
 Address *2113 W 3rd Street*
 Remarks *Baltimore City*

RETURN OF A BIRTH

RETURN OF A BIRTH

59942

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 6th 1882
No 712 Light St
Kurtine Merrick

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

America
John Merrick
Restaurant
America

Name of Medical Attendant, or other Person who makes this Return

Address

J. Schogesser midwife
330 Hanover St.

Remarks,

59942

RETURN OF A BIRTH.

52943

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro

3. Date of Birth Friday, 6th January

4. Place of Birth (Street and Number) 33 1/2 Howard St.

5. Full Name of Mother Anna L. Thomas

6. Mother's Maiden Name Anna Thomas

7. Mother's Birthplace Baltimore

8. Full Name of Father Joseph Horsey

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucy Connick

Address

Remarks

Registration, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 6th

4. Place of Birth, (Street and Number)

State Baltimore 974 South Street

5. Full Name of Mother

State Kelly

6. Mother's Maiden Name

State Hughes

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas Kelly

9. Father's Occupation

Labourer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Margaret Cathel

Address

178 Robin Street

Remarks

Coast Point

RETURN OF A BIRTH

RETURN OF A BIRTH

52945

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, January 6th 1882
 Place of Birth, (Street and Number) No 458 N. Gay St.
 Full Name of Mother, Pauline Bestaman
 Mother's Maiden Name, Pauline Ringenmeyer
 Mother's Birthplace, Germany
 Full Name of Father, Mary Bestaman
 Father's Occupation, Resturant
 Father's Birthplace, Germany
 Name of Medical Attendant, or other Person who makes this Return Mrs M. A. Bull
 Address No 185 S.E. cor. Central av. & Monument St.
 Remarks All Well

Within six days hereafter, stating approximately the date of birth, the sex, the color of the child, the date of birth, the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52946

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

17

2

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 6

4. Place of Birth (Street and Number)

12 5 South Hollis St

5. Full Name of Mother

Sophia Lawrence

6. Mother's Maiden Name

Sophia Campbell

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Penrose

9. Father's Occupation

Electrician

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. B. Peters

Address

59 South Madison St

Remarks

RETURN OF A BIRTH

52947

Over RETURN OF A BIRTH, 52947

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *95*
Name: Plaque New
 1. Sex (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth *Jan - 25 1882*
 4. Place of Birth, (Street and Number) *No 71 Jefferson st*
 5. Full Name of Mother *Hennetta New*
 6. Mother's Maiden Name *Hennetta Stoll*
 7. Mother's Birthplace *Balto -*
 8. Full Name of Father *Bernard New*
 9. Father's Occupation *hatter dealer*
 Father's Birthplace *New York*
 Name of Medical Attendant, or other Person who makes this Return. *Hera Hilligust*
 Address *181 E Monument st*
 Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan. 6 1882

4. Place of Birth, (Street and Number)

22 Arzyle Avenue

5. Full Name of Mother,

Augusta Miller

6. Mother's Maiden Name,

Nelson

7. Mother's Birthplace,

Brewster

8. Full Name of Father,

Elmer Miller

9. Father's Occupation,

clerk

10. Father's Birthplace,

Brewster

Name of Medical Attendant, or other Person who makes this Return

Marion Brown M.D.

Address,

69 McCulloch St.

Remarks,

RETURN OF A BIRTH

52949

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *6 January*

4. Place of Birth, (Street and Number) *500 Biddle St.*

5. Full Name of Mother, *Josephine Rosina*

6. Mother's Maiden Name, *Maria*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joe. Schaeffer*

9. Father's Occupation, *Schaeffer*

10. Father's Birthplace, *Hamburg*

Name of Medical Attendant, or other Person who makes this Return

Josephine Rosina

Address

500 Biddle St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board
BALTIMORE CITY.



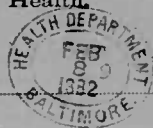
- 52950
1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4
2. *Sex, (state whether male or female)* Male
3. *Date of Birth,* January 6 1892
4. *Place of Birth, (Street and Number)* #144 S Wolf Str
5. *Full Name of Mother,* Rosa Cort
6. *Mother's Maiden Name,* Wedonsky
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Cort
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany
- Name of Medical Attendant, or other Person who makes this Return* Mrs Louise C. Kraft
- Address,* #236 Canton Ave
- Remarks,*

RETURN OF A BIRTH

52951

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

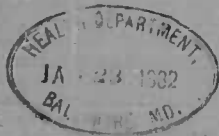


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 6. 1882
4. Place of Birth, (Street and Number) 2 Charles St ave
5. Full Name of Mother, Luey E Sewell Munder
6. Mother's Maiden Name, " " Sewell
7. Mother's Birthplace, md
8. Full Name of Father, Morris P Munder
9. Father's Occupation, clerk
10. Father's Birthplace, md
- Name of Medical Attendant, or other Person who makes this return G Lane Taneyhill
- Address, 129 W. Biddle St
- Remarks, Instrument & chloroform. At a previous delivery was compelled to perform craniotomy.

RETURN OF A BIRTH

52952

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who make the Return

Address,

Remarks,

Male

White

January 7th

101 S Poppleton st

Henrietta Knell

Bridger

Hennrich Knell

Knell

Figur Manufacturer

Baltimore City

Miss Anna Dummer

No. 60 N. Charles St

O.K.

RETURN OF A BIRTH 52953

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.).

2nd

2. Sex, (state whether male or female).

Male

3. Race or Color, (if not of the white race).

White

4. Date of Birth,

January 7th 82

5. Place of Birth, (Street and Number)

32 Stinner St.

6. Full Name of Mother,

Carolina Dittman

7. Mother's Maiden Name,

" Lambert.

8. Mother's Birthplace,

Hessig - Waldeck

9. Full Name of Father,

Henry Dittman.

10. Father's Occupation,

Booster

11. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Brook

Address,

328 Eutan St.

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

name of the mother of such child or children.

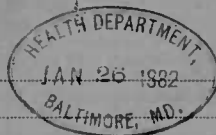
RETURN OF A BIRTH

RETURN OF A BIRTH

52955

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

January 4th 1882

144. Mullens. St.

Elizabeth Richter

Elizabeth Gering

Balt. M.D.

John Otto Richter

Clerk.

Muhlhausen Germany

Catherin Sebach

Catherin Sebach, R 439 west 1st Street

Full name of child - George Ludwig Richter

RETURN OF A BIRTH

52956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 7th 1882*
4. Place of Birth, (Street and Number) *No 56 McHenry St Baltimore Md*
5. Full Name of Mother, *Jennie Oelmann*
6. Mother's Maiden Name, *Jennie McClatchy*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Frederick Oelmann Jr.*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return
- Address, *McClatchy Suburb No 432 east front street*
- Remarks,

PRINTED BY THE CITY OF BALTIMORE

RETURN OF A BIRTH

52957

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

7²

Female

White

January 7 1882

No 112 Balley Av

Emma Emmwell

Emma Boyle

Baltimore

John Emmwell

Mechanic

Baltimore

H. B. Noble, M.D.

50 Warren Av

RETURN OF A BIRTH

52955

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 7th 1882

4. Place of Birth, (Street and Number)

331. Abingdon St.

5. Full Name of Mother,

Mary E. King

6. Mother's Maiden Name,

" " Wayne

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Frank A. King

9. Father's Occupation,

Carpenter

10. Mother's Birthplace,

Queen Anne County, Md.

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Spiller

Address,

186 Hartford Ave.

Remarks,

RETURN OF A BIRTH

52959

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, January 7th 1882

4. Place of Birth, (Street and Number) 189 W. Register St.

5. Full Name of Mother, Mary Calman

6. Mother's Maiden Name, " Ahlen

7. Mother's Birthplace, City

8. Full Name of Father, Wm. H. Coleman

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth B. Belf

Address, 120 Bunker

Remarks, _____

RETURN OF A BIRTH ³²⁹⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 7th

4. Place of Birth, (Street and Number) No 177 Lombard St.

5. Full Name of Mother, Emma Smith

6. Mother's Maiden Name, " Ulrich

7. Mother's Birthplace, Germany

8. Full Name of Father, James Smith

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 71 Gough St

Remarks.



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Mary Ella Wassenberg / B

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not~~ of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1. 7. 82

184 Lee

Susan S. Warrnberger

Trumbo

Balto

Geo. Wash. Warrnberger

Harney maker

Balto

W. M. Eastman

324 Lee



RETURN OF A BIRTH,

52962

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 7th 1892

4. Place of Birth, (Street and Number)

117 E. Madison St

5. Full Name of Mother

Jessie King

6. Mother's Maiden Name

King

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

George J. King

9. Father's Occupation

Lithographer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. H. Pyle, M.D.

Address

306 Madison Ave. City.

Remarks

RETURN OF A BIRTH

52963

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 7th*
4. Place of Birth, (Street and Number) *No 65 Euseb St*
5. Full Name of Mother, *Mary Elizabeth Wegesfarth*
6. Mother's Maiden Name, *Mary Elizabeth A. Pothier*
7. Mother's Birthplace, *Madison Pa*
8. Full Name of Father, *Conrad Wegesfarth*
9. Father's Occupation, *Manufacturer of Medicines*
10. Father's Birthplace, *Hesse Cassel Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. W. Mannel (Midwife)*
- Address, *No. 64 Euseb St.*
- Remarks, *none*
- Wilhelmine Mannel, Midwife*

born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 7th 1882

4. Place of Birth (Street and Number)

Tricker St near Edmondson Ave

5. Full Name of Mother

Mary F. Hare

6. Mother's Maiden Name

Mary F. McConiky

7. Mother's Birthplace

B. C.

8. Full Name of Father

Jos R. Hare

9. Father's Occupation

Watch maker

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

J. Hawley & Co. M.D.

Address

119 Edmondson Ave

Remarks

RETURN OF A BIRTH

52965

RETURN OF A BIRTH

52965

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 7th 1882

4. Place of Birth, (Street and Number)

No 166 Hamburg St
Lansie Heibner

5. Full Name of Mother,

6. Mother's Maiden Name,

Spether

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Heibner

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Address,

J. Schupser midwife
330 Hanover St.

Remarks,

RETURN OF A BIRTH,

52966

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Mother, (state whether 1st, 2d, 3d, &c.)

ther male or female)

r, (if not of the white race)

th, (Street and Number)

Mother

den Name

place

Father

ocation

place

ical Attendant, or other Person who makes this Return.

Male

white race

January the 4th

Baltimore Wendell St. No 1-114

Elen Holman

Elen Murphy

Ireland

Henry Holman

Labourer

Germany

Elizabeth Hathorn

William St. No 34

52967

born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52967

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jan 7, 1882

4. Place of Birth (Street and Number) 210 Penn Ave

5. Full Name of Mother Mary Burton

6. Mother's Maiden Name Mary Dicks

7. Mother's Birthplace New Market - Md

8. Full Name of Father L. O. Burton

9. Father's Occupation Saloon Keeper

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

J. Edwin McKim M.D.

Address

246 Madison Ave Md wife S. A. McKim

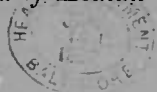
Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52968

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth January 2, 1882

4. Place of Birth (Street and Number) 8013 Goulds Lane

5. Full Name of Mother Anna Foster

6. Mother's Maiden Name Anna Boekelmann

7. Mother's Birthplace Baltimore

8. Full Name of Father Frank Foster

9. Father's Occupation Waterman

10. Father's Birthplace Kent County Md

Name of Medical Attendant, or other Person who makes this Return. Mary E. Anderson

Address 8010 Myer St

Remarks

RETURN OF A BIRTH

59969

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 7th 1882

4. Place of Birth, (Street and Number)

135 S. W. L. St.

5. Full Name of Mother,

Lottie Kallfus
Whitten

6. Mother's Maiden Name,

Balt. Md.

7. Mother's Birthplace,

William Henry Kallfus

8. Full Name of Father,

Carpenter

9. Father's Occupation,

Balt. Md.

10. Father's Birthplace,

E. Claville Cook Md.

Name of Medical Attendant,

or other Person who makes this return.

592 E. Balt. St.

Address,

Natural

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

52970

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White
January 7/82
No 325 W Lombard
Maria L. Buchanan
" " Lancaster
Baltimore and
Eugene Buchanan
Carter Taylor
Phoebe Taylor
St. L. Taylor
87 W Lombard

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)...

Female - MAE RUTH BULLOCK

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan'y 7/82

4. Place of Birth, (Street and Number)

35 S. Chester St.

5. Full Name of Mother,

Mary Bullock

6. Mother's Maiden Name,

" Gallery

7. Mother's Birthplace,

Bald.

8. Full Name of Father,

Edwin Bullock

9. Father's Occupation,

Potter

10. Father's Birthplace,

Bald.

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 S. Broadway

Remarks,

PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

52972

can claim, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

59972

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 7th 1882

4. Place of Birth, (Street and Number)

106 Cathedral Street

5. Full Name of Mother

Janie Bayly Teator

6. Mother's Maiden Name

Janie Bayly

7. Mother's Birthplace

Cambridge, Md.

8. Full Name of Father

James H. Teator

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

H. C. Wilson Jr

Address

146 Park St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 52973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan^y 7, 1882
4. Place of Birth, (Street and Number) No. 12 Summers
5. Full Name of Mother Lizzie Bergen
6. Mother's Maiden Name Lizzie Lake
7. Mother's Birthplace Balto^y
8. Full Name of Father John T. Bergen
9. Father's Occupation Builder
10. Father's Birthplace Balto^y
Name of Medical Attendant, or other Person who makes this Return. Lena DeLegeris
Address 182nd Monument
Remarks _____

RETURN OF A BIRTH 520711

Qualifications, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

52974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 25

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 11th 1882

4. Place of Birth, (Street and Number)

No 5 E Pratt st

5. Full Name of Mother

Mary C. Schmeizer

6. Mother's Maiden Name

Mrs. Knopf

7. Mother's Birthplace

Baltimore

8. Full Name of Father

J. Schmeizer

9. Father's Occupation

Baker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. H. H. Hedges

Address

182 E Monument st

Remarks

RETURN OF A BIRTH

59975

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. S. x, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 January

4. Place of Birth, (Street and Number) 432 Darnest St.

5. Full Name of Mother, Juli Barock

6. Mother's Maiden Name, Heider

7. Mother's Birthplace, Polen

8. Full Name of Father, Mr. Barock

9. Father's Occupation, Builder

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Josephina Karsch

Address 432 Darnest St.

Remarks.

Child, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

52976

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



Name of Child: Walter Parker Scott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third ch.

1. Sex (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

W

3. Date of Birth

Aug 8 "1882

4. Place of Birth, (Street and Number)

29, 7th Emerson St

5. Full Name of Mother

Georgeanne Scott

6. Mother's Maiden Name

Elliot

7. Mother's Birthplace

Balti

8. Full Name of Father

Wm Scott

9. Father's Occupation

Printer &aler

10. Father's Birthplace

Laurel Md

Name of Medical Attendant, or other Person who makes this return.

J H Patterson M.D.
23 Franklin St

Address

Remarks

RETURN OF A BIRTH

59977

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th of January

4. Place of Birth, (Street and Number)

236 Preston St

5. Full Name of Mother,

Elizabeth Snyder

6. Mother's Maiden Name,

Elizabeth Rushling

7. Mother's Birthplace,

Darmstadt, Germany

8. Full Name of Father,

John Snyder

9. Father's Occupation,

Currier

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. W. Gammie

Address,

1000 E. Frederick St.

Remarks,

Do not write on this card, and do not mutilate any of the matter of such child or children.

RETURN OF A BIRTH

52978

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 8th
1892

4. Place of Birth, (Street and Number)

163 Bond St.
Mary Greeley
Shering

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore
George Greeley
Painter
Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mary Greeley
Sarah Carpenter
72 E. Lombard

Address,

Remarks,

of the parents, and the maiden name of the mother of still-born or children.

RETURN OF A BIRTH

52979

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



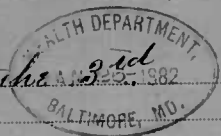
of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether 1st, 2d, 3d, &c.) *6th*
Male
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 8th 82*
4. Place of Birth, (Street and Number) *# 228 S. Sharp St.*
5. Full Name of Mother, *Theresa Schmidt*
6. Mother's Maiden Name, *Wolff*
7. Mother's Birthplace, *Gotha, Saxony, Prussia*
8. Full Name of Father, *Christian Schmidt*
9. Father's Occupation, *Lithographer*
10. Father's Birthplace, *Wessendammstadt*
- Name of Medical Attendant, or other Person who makes this Return *Mary Troh.*
- Address, *# 328 S. E. 1st St.*
- Remarks,

RETURN OF A BIRTH

52980

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *this is the 3rd*
 Sex, (state whether male or female) *Boy*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *January 8th 1882*
 Place of Birth, (Street and Number) *64 S. Green, st Balt. city*
 Full Name of Mother, *Anna Berta Schroeder*
 Mother's Maiden Name, *Eiserman*
 Mother's Birthplace, *Germany*
 Full Name of Father, *Powell Schroeder*
 Father's Occupation, *Presser Painter*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return *M^{rs} Seabach*
 Address, *M^{rs} Catherine Schubert No 439 West 1st St*
 Remarks,

RETURN OF A BIRTH 52951

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 8th January 1882

4. Place of Birth, (Street and Number) 216 S. Race Street Baltimore

5. Full Name of Mother, Matilda Martin

6. Mother's Maiden Name, M. C. Alden

7. Mother's Birthplace, Rathmullen Longford Ireland

8. Full Name of Father, John Martin

9. Father's Occupation, Coalbrook Keeper

10. Father's Birthplace, Belfast Ireland

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Catherine Subach 1243 W. 43rd St

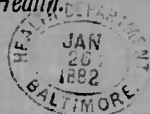
Remarks,

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 8, 1882

4. Place of Birth (Street and Number)

148 Chen St

5. Full Name of Mother

Agnes Blanch Hervey Brund

6. Mother's Maiden Name

Agnes Blanch Hervey

7. Mother's Birthplace

Virginia

8. Full Name of Father

Lawrence Brund

9. Father's Occupation

Shoe Business

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. Shelton Hill

Address

432 W. Fayette St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address:

Remarks

9
3 female
white
January 8 1889
407 Pratt and Monroe
Staroline Boncine
Staroline C. H.
Baltimore
Louis Boncine
Druggist
Germany
Ward S. Hedges
492 Pratt St Baltimore

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

599811

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY:



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

males

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 5 1882

4. Place of Birth (Street and Number)

49 parish St Bal

5. Full Name of Mother

Minny Snell

6. Mother's Maiden Name

Minny Sauernald

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Benjamin Snell

9. Father's Occupation

carpenter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. H. H.

Address

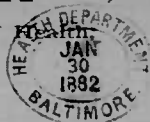
592 Pratt St

Remarks

2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, ... *5 January 1887*
4. Place of Birth, (Street and Number) *Portland Street 64*
5. Full Name of Mother, *Pauline Sullivan*
6. Mother's Maiden Name, *Pauline Nepprecht*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frederick Sullivan*
9. Father's Occupation, *Lithographer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. J. P. H. H. H.*
- Address, *224 West Fayette Street*
- Remarks,

52986

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JAN 31 1892" is stamped in three lines.

of the mud

Male

5th Jan'y 1882

82° York St

Catherine Dougherty
Kane

Kane

Ireland

John Douglass
Huckster.

Пустынь

Ireland

H. W. Webster Esq

59th Barre &c

of the world.

Remarks

within six days thereafter, stating succinctly the cause of death, sex, age, color or complexion of person, born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

52987

RETURN OF A BIRTH

52987

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



The Registrar of Vital Statistics, Baltimore City, is authorized to receive and file the returns of the mother of such child or children.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, July 24 89
 4. Place of Birth, (Street and Number) 268 Mulberry St.
 5. Full Name of Mother, Lucilia Robert
 6. Mother's Maiden Name, Lucinda Brown
 7. Mother's Birthplace, Ind.
 8. Full Name of Father, Walter C. Roberts
 9. Father's Occupation, Clock
 10. Father's Birthplace, Pa.
 Name of Medical Attendant, or other Person who makes this Return, W. Allen M.D.
 Address, 59 Avenue St.
 Remarks, _____

52988

RETURN OF A BIRTH

52988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the patient, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *56*
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Jan. 8. 1882*
4. Place of Birth, (Street and Number) *227 East St No 16*
5. Full Name of Mother, *Frieda Muller*
6. Mother's Maiden Name, *Heflinger*
7. Mother's Birthplace, *Baden*
8. Full Name of Father, *Marion Muller*
9. Father's Occupation, *Lebner*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. B. Baugh*
- Address *227 East St No 16*
- Remarks, _____

RETURN OF A BIRTH

52989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of his parent, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Jan 27 1882*
4. Place of Birth, (Street and Number) *247 Chapel St*
5. Full Name of Mother, *Sarah E. Moore*
6. Mother's Maiden Name, *Sarah E. Hanger*
7. Mother's Birthplace, *Pacton, Ma*
8. Full Name of Father, *Charles W. Moore*
9. Father's Occupation, *Salesman (Dry Goods)*
10. Father's Birthplace, *Worcester Co, Ma*
- Name of Medical Attendant, or other Person who makes this Return *Thos. C. Clark, M.D.*
- Address, *146 Main St -*
- Remarks,

DULANEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

52990

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52990

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4th).*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 8, 1881.*
4. Place of Birth (Street and Number) *382 E. Chase St.*
5. Full Name of Mother *Nannie H. Brown*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Calvert Co. Md.*
8. Full Name of Father *Charles Brown*
9. Father's Occupation *Telegraph Operator.*
10. Father's Birthplace *Anne Arundel Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Geo F Taylor M.D.*
- Address *222 N. Broadway.*
- Remarks

RETURN OF A BIRTH

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
2. Sex, (state whether male or female) *male*
3. Race or Color, (if not of the white race) *white*
4. Date of Birth, *Jan. 8. 1881.*
5. Place of Birth, (Street and Number) *No. 38 Cross St. Balt. Md.*
6. Full Name of Mother, *Annie Della.*
7. Mother's Maiden Name, *Annie Staylor.*
8. Mother's Birthplace, *Virginia*
9. Full Name of Father, *Jesse Della.*
10. Father's Occupation, *laborer.*
11. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Nancy Dash.

Address, *167 Johnson St.*

Remarks, *we have not any still birth papers. the child is still born from an abortion.*

RETURN OF A BIRTH

52992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Boy

White

Jan 8th 1882

141 W. Lombard St. (Maternity)
Arabella Canlis

"
Wilmington, Md."

William (Dead)
L. L. Bitting, M.D.

Maternity Hospital

L. O. S. Club Child

legitimate - Artificially Rec'd. Kept up 1 hr. 30 min.

DILLAWAY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

52992

RETURN OF A BIRTH

52992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5th of January 1882.*

4. Place of Birth, (Street and Number) *394 East Ocean Street*

5. Full Name of Mother, *Matthina Banden*

6. Mother's Maiden Name, *Matthina Gibson*

7. Mother's Birthplace, *Dell Island Somerset county*

8. Full Name of Father, *John Wester Gibson*

9. Father's Occupation, *Seafaringman*

10. Father's Birthplace, *Dell Island Somerset county*

Name of Medical Attendant, or other Person who makes this return *Eusebia Kunkel*

Address, *11 North Chappel street per Justina Kunkel*

Remarks, *Healthy*

RETURN OF A BIRTH

52994

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5th of January 1892*

4. Place of Birth, (Street and Number) *Chester Street between Monument and ...*

5. Full Name of Mother, *Justina Meadel*

6. Mother's Maiden Name, *Justina Harwig*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Harwig*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this return *Lucy Maria Kunkel*

Address, *11 North Chappel street per Justina Kunkel*

Remarks, *Healthy*

In the presence of the Registrar of Vital Statistics, Baltimore City, the married name of the mother of such child or children.

RETURN OF A BIRTH

52995

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



In this column, give the married name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *8th of January 1882*

4. Place of Birth, (Street and Number) *No. 2 Gayth. Card*

5. Full Name of Mother, *Annie Gaiselman*

6. Mother's Maiden Name, *Annie King*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George King*

9. Father's Occupation, *Caper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Crescentia Kunkel*

Address, *11 North Chappel Street per postman Kunkel*

Remarks, *Healthy*

52996

RETURN OF A BIRTH

52996

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

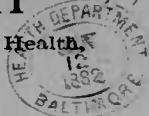


of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *8 Jan 1892*
 4. Place of Birth, (Street and Number) *13 Bank St*
 5. Full Name of Mother. *Mrs. Annie Lousch*
 6. Mother's Maiden Name. *Mrs. " Mitchell*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charles G. Lousch*
 9. Father's Occupation, *Storekeeper*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who make this Return *Mon Wiley*
 Address *2012 Patterson*
 Remarks *Part. Ch.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *January 8th 1882*
4. Place of Birth, (Street and Number) *Baltimore No. 213 Pratt St*
5. Full Name of Mother, *Sarah E. Zakman*
6. Mother's Maiden Name, *Sarah E. Frazier*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Louis Zakman*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return *Mr. W. Schaffer*
- Address, *114 Ridgely St*
- Remarks,

RETURN OF A BIRTH

52998

To the Office of Registrar of Vital Statistics, Board, of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 8th 1881

4. Place of Birth, (Street and Number)

Baltimore Portland St. N^o. 54

5. Full Name of Mother,

Sarah. Kernan

6. Mother's Maiden Name,

Caton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John. Kernan

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. G. Mitchell

Address.

N^o. 58 Parkin St.

Remarks.

RETURN OF A BIRTH

52999

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 8th, 1892

4. Place of Birth, (Street and Number)

No. 16 Springfield

5. Full Name of Mother,

Mary Hyatt

6. Mother's Maiden Name,

at Holman

7. Mother's Birthplace,

Delaware

8. Full Name of Father,

William

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. L. Laman

Address,

435 W. McHenry St

Remarks,

Not a true birth

12000

RETURN OF A BIRTH

53000

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 8 1882

4. Place of Birth, (Street and Number) No 4 St

5. Full Name of Mother, A. A. Stiller

6. Mother's Maiden Name, Moischman

7. Mother's Birthplace, Berlin

8. Full Name of Father, John Achtelstetter

9. Father's Occupation, Laborer

10. Father's Birthplace, Berlin

Name of Medical Attendant, or other Person who makes this Return, Mrs E. Howell No 528anna Avenue

Address,

Remarks,

53001

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JAN 13 1882" is stamped in three lines.

- born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53002

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d Child

2. Sex, (state whether male or female)

Female



3. Race or Color, (if not of the white race)

4. Date of Birth,

January 24 1882

5. Place of Birth, (Street and Number)

157 Barre St.

6. Full Name of Mother,

Lilly Beady.

7. Mother's Maiden Name,

Reynolds.

8. Mother's Birthplace,

Richmond, Va.

9. Full Name of Father,

Jos. Beady.

10. Father's Occupation,

Stone Mason.

11. Father's Birthplace,

Scotland.

Name of Medical Attendant, or other Person who makes this Return

W. J. H. Tall M.D.

Address

152 Sharp St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

53003

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2.
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth The 5 of Jan
4. Place of Birth, (Street and Number) Corner Fox and Kemper
5. Full Name of Mother Mary Lee
6. Mother's Maiden Name Mary Lee
7. Mother's Birthplace Baltimore
8. Full Name of Father Nickolas Lee
9. Father's Occupation Labor
10. Father's Birthplace Balt
Name of Medical Attendant, or other Person who makes this Return. Dr. Christina Lauer
Address 113 Starline Ave.
Remarks 1882

RETURN OF A BIRTH

53004

Register, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

53004

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth The 8 of Jan
4. Place of Birth, (Street and Number) No 232 Central ave
5. Full Name of Mother Ruth Emerald
6. Mother's Maiden Name Ruth Ratnich
7. Mother's Birthplace Baltimore
8. Full Name of Father Peter Ratnich
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return Mrs Cristina Lauer
- Address 173 Harbor ave
- Remarks 189

RETURN OF A BIRTH

53005

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53005

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 of January 1892

4. Place of Birth, (Street and Number)

No. 4 Stahl St

5. Full Name of Mother,

George Bell

6. Mother's Maiden Name,

George Plater

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Bell

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Dr. Wm. Greenhalgh

Address,

No. 128 Mt St

Remarks.

RETURN OF A BIRTH

52006

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, January 8th. 1882
 4. Place of Birth, (Street and Number) No. 161. E. Monument St.
 5. Full Name of Mother, Mary Heinstate
 6. Mother's Maiden Name, Mary Schmidt
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Henry Heinstate
 9. Father's Occupation, Laborer
 Father's Birthplace, For Balto. County
 Name of Medical Attendant, or other Person who makes this Return Mrs. M. J. Butt
 Address No. 185. S.E. cor. Central av. & Monument St.
 Remarks, see bill

Over

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Full name of child - Emma Schuchmann

Over

53007

5'
Female
White
Jan. 8 1882
East - 11

Pauline Schuchmann

"
Baptist
Schuchmann
Baker

German
Dr. Scott M.D.

143 N. Egle St.
4th - back door, etc.

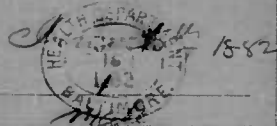
R. A. S. A.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH.

53008

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female
Jan 8 1882
142 Hill Street
Mabel Smith
Steward
Salisbury MD
H. L. Smith
Laborer
Berkley Co Pa
Michael wife Mary S Dennis
No 21 Peach Alley

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

30

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 8 1882

4. Place of Birth (Street and Number)

18 Hollis St

5. Full Name of Mother

Betty Weinman

6. Mother's Maiden Name

Betty Sonnenborn

7. Mother's Birthplace

MD

8. Full Name of Father

Marcus Weinman

9. Father's Occupation

Cigar Manufacturer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. S. Quota M.D.

Address

Remarks

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53010



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan'y 8th 1882

4. Place of Birth, (Street and Number)

52 Gough St.

5. Full Name of Mother,

Vivie Killen

6. Mother's Maiden Name,

Atkinson

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Peter Killen

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other Person who makes this Return.

George H. Rehi

Address,

940 Broadway

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53011

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)..

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Jan'y 8, 1882.

4. Place of Birth, (Street and Number)

207 Light St.

5. Full Name of Mother,

Annie Schmidt.

6. Mother's Maiden Name,

Annie Royal

7. Mother's Birthplace,

Connecticut.

8. Full Name of Father,

Wm Schmidt.

9. Father's Occupation,

House painter.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who make this Return.

George A. Rohrer.

Address,

94 N. Broadway.

Remarks,

RETURN OF A BIRTH

3015
53015

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 24 1893

4. Place of Birth, (Street and Number)

211 Paca St

5. Full Name of Mother,

Fannie Montgomery

6. Mother's Maiden Name,

Boerhaave

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas George Monte

9. Father's Occupation,

Shipmaster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Gasper

Address,

75 E. Lombard

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Jan 9th
151 Durham St.
Kathrine Babcock
Counterman
Baltimore, Md.
Baltimore, Md.

Thresholder
Baltimore
Sarah E. Bazzard
72 E. Lombard

C. DUNN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

24 of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 9 12

4. Place of Birth, (Street and Number)

120 S. Fremont St.

5. Full Name of Mother,

M. Lucia Shale

6. Mother's Maiden Name,

Cooper

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

John H. Shale

9. Father's Occupation,

Boatman

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return

Address, Catherine Sulich #439 west Pratt Street

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

Mar. 9, 1882

N. Darschmolen Str No 70

Anna Th. rief

Helen

Balt.

Joh. Th. rief

Salvador

Balt.

Mrs. J. S. Frank

N. Darschmolen Str No 70

born, or of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53019

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

56

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 9, 1892

4. Place of Birth, (Street and Number)

North St. 506

5. Full Name of Mother,

Franklin Hochhaus

6. Mother's Maiden Name,

Stachel

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Paul Hochhaus

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Myself, J. Spradley

Address,

St. Paul St. No. 11

Remarks,

G. DULANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

53020

children
residence

RETURN OF A BIRTH

58020

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *German*

Date of Birth, *Jan 22 1892*

Place of Birth, (Street and Number) *124 Rutledge Ave*

Full Name of Mother, *Mary Heim*

Mother's Maiden Name *Mary Longhouser*

Mother's Birthplace, *Germany*

Full Name of Father, *Adolph Heim*

Father's Occupation, *Book Binder*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *Dr. J. M. M. / 124 Rutledge Ave*

marks,

at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition - whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
White
January 9th
2115 Pennsylvania
Maggie Smith
" Craig
City
John H. Smith
machinist
City
J. C. Birch Sr. D.
1501 Hanover St.

RETURN OF A BIRTH

531221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, etc.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Jan 9 1892

89 2, Lombard St

Mary Eikenberry

House reversed

Balti.

Wm. Brown

Salesman

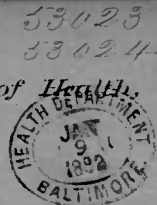
Balti.

A. Grapsham MD
11 S. N. Ave.

born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (~~not whether 1st, 2d, 3d, etc.~~)

576 Twins

1. Sex, (~~state whether male~~ ☒ female)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Jan 9th

4. Place of Birth, (Street and Number)

57 N. Frederick St

5. Full Name of Mother,

Louise Buckley

6. Mother's Maiden Name,

" Gardner

7. Mother's Birthplace,

Balti

8. Full Name of Father,

Wm Buckley

Father's Occupation,

Head Wagon Freight Conductor

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other person who makes this Return.

A. Crispin M.D.

Address,

11 S. High St

Remarks, Very, Very Poor. Found her laying on bare floor, at one o'clock this morning, with both babies born, & one smothered

form, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53025

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Name, full or true, physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 9th 1882

4. Place of Birth, (Street and Number)

354 Manover st
Magdalen, Ruth

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

America
Phillip Ruth
Tailor

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

Address,

J. Leppasser midwife
330 Manover st.

Remarks,

53026

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH.

53026

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1
Female
Caucasian
Jan 9 1882
Balt. Heights St 210
Margaret H. Hagen
Baltimore Md
William Henry Hagen
Coster St
Baltimore
Dr. Miller
214 Hughes St

RETURN OF A BIRTH

53027

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 9, 1882

4. Place of Birth, (Street and Number)

114 N. Lombard St.

5. Full Name of Mother,

Mary J. Gordon

6. Mother's Maiden Name,

Stallings

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Gordon

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address

116 N. Lombard St.

Remarks,

53028

5309f

5th

Female

White

January 7th 1882

No. 309 Chapple St.

Mollie Morris

Mollie Moor

Cumberland

Daniel Morris

Laborer

Baltimore

Mrs. M. A. Birtt

No. 185 L.E. cor. Central av. & Monument.

All Well

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

January 9, 1882

4. Place of Birth (Street and Number)

30 Cannon St.

5. Full Name of Mother

Louisa Nicol

6. Mother's Maiden Name

Metz

7. Mother's Birthplace

City

8. Full Name of Father

Charles August Nicol

9. Father's Occupation

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

J. H. Collenberg.

Address

369 E. Baltimore St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

18030

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan. 9th 1882

4. Place of Birth, (Street and Number)

No. 64. N. John

5. Full Name of Mother

Rose F. Kearny

6. Mother's Maiden Name

Rose Caldwell

7. Mother's Birthplace

Richmond, Va

8. Full Name of Father

J. Parker Kearny

9. Father's Occupation

Attorney at Law

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. P. C. Wilson, M.D.

Address

Remarks

RETURN OF A BIRTH

53031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *Jan 2 1882*

4. Place of Birth, (Street and Number) *No. 51 Clarkson St*

5. Full Name of Mother, *Auguste Moelker*

6. Mother's Maiden Name, *Millinbach*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Moelker*

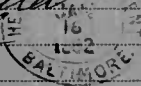
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *J. Schwasser midwife*

Address, *330 Hanover St*

Remarks, _____



53032

With six days' attendance, filling accurately the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the previous name of the mother of such child or children.

RETURN OF A BIRTH.

53032

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Black
3. Date of Birth January 9th 1882
4. Place of Birth (Street and Number) #3 Gilman Court -
5. Full Name of Mother Anne Elizabeth Smith
6. Mother's Maiden Name Anne Elizabeth Parker
7. Mother's Birthplace Culpepper Co. Anne Va.
8. Full Name of Father Henry Smith
9. Father's Occupation Laborer
10. Father's Birthplace South Carolina
- Name of Medical Attendant, or other Person who makes this Return. P. L. Filler
- Address # 507 West Fayette St
- Remarks

RETURN OF A BIRTH

53033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child*
2. S. & F., (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *9th January 1882*
5. Place of Birth, (Street and Number) *Collington St*
6. Full Name of Mother, *Mary Gaser*
7. Mother's Maiden Name, *Brandau*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Adolphus Glaser*
10. Father's Occupation, *Maschinist*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, *Mrs Wiley*
13. Address, *Mrs Wiley 1612 Patterson Park*
14. Remarks.

RETURN OF A BIRTH

53094

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

In the registration, state the mother's name of the mother of each child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6th child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January the 9th 1882*
4. Place of Birth, (Street and Number) *No. 416 East Madison Street*
5. Full Name of Mother, *Marie Lisbeth Englehart Lanner*
6. Mother's Maiden Name, *Marie Lisbeth Englehart*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jno W Lanner*
9. Father's Occupation, *House Carpenter*
10. Father's Birthplace, *Baltimore*



Name of Medical Attendant, or other Person who makes this Return *Dr. Mary C Lanner*

Address, *No 171 South Washington Street*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6th child*
2. Sex, (state whether male or female) *female*
3. Race or Color, (if not of the white race) *white*
4. Date of Birth, *January the 9th 1882*
5. Place of Birth, (Street and Number) *Highlandtown*
6. Full Name of Mother, *Margaret Bennett Groscuph*
7. Mother's Maiden Name, *Margaret Bennett*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Henry Groscuph*
10. Father's Occupation, *laborer*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes the Return *Mrs Mary L. Simms*
- Address, *C. P. 171 South Washington Street*
- Remarks,

RETURN OF A BIRTH

53086

To the Office of Registrar of Vital Statistics, Board
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Third

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

9th January,

4. Place of Birth, (Street and Number)

126 Dillon Street

5. Full Name of Mother,

Emma L Drew

6. Mother's Maiden Name,

Emma L Sparks

7. Mother's Birthplace,

Wilmington Del.

8. Full Name of Father,

Frederick Drew

9. Father's Occupation,

Painter

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Sullens

Address,

104 Curly street

Remarks,

thereafter, stating distinctly the date and hour of birth, the name of the child, the name of the mother, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *January 9 1882*

4. Place of Birth (Street and Number) *437 N. 22*

5. Full Name of Mother *Rachel M. C. C. C.*

6. Mother's Maiden Name *Rachel C. C. C.*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Robert M. C. C.*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *A. W. C. C.*

Address *343 N. Lombard*

Remarks *Cyanotic*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,

7th
Mall

4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

January 9
543 11th Baltimore St.
Barbara Annie Schlatter
Barbara Annie Schlatter
Gutensville Balt. Co. Md.
Gustav Schlatter
Merchant
Sachsen Germany
Mrs. Emma Germany
Co. Frederick St.

Name of Medical Attendant, or other Person who makes this Return
Address...

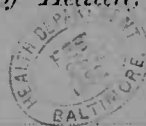
Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53039

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

9th Jan'y 1882

4. Place of Birth, (Street and Number)

46 Jefferson Place

5. Full Name of Mother,

Pamela Waters Hiss

6. Mother's Maiden Name,

Pamela Waters

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Fielder Hiss

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return.

J. W. Orin

Address,

48 McCulloch St.

Remarks,

RETURN OF A BIRTH.

53040

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Jan 10 1882

4. Place of Birth (Street and Number) 97 Block St

5. Full Name of Mother Mary Hudson

6. Mother's Maiden Name Mary Simmons

7. Mother's Birthplace Baltimore

8. Full Name of Father John Hudson

9. Father's Occupation Boat Builder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lurina Smith

Address

The child name Geo Hudson

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53011

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 10th 82*
4. Place of Birth, (Street and Number) *# 261 Lee St.*
5. Full Name of Mother, *Mary Herbold*
6. Mother's Maiden Name, *Ditz*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Herbold*
9. Father's Occupation, *Cream maker*
10. Father's Birthplace, *Hessen - Waldeck*
- Name of Medical Attendant, *Mary Krol*
or other Person who makes this Return
- Address, *# 328 J. E. St.*
- Remarks,

RETURN OF A BIRTH

53042

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race)
4. Date of Birth, *Aug 10th 87*
5. Place of Birth, (Street and Number) *372 Madison St.*
6. Full Name of Mother, *Louisa C. Noller*
7. Mother's Maiden Name, *Louisa C. Fry*
8. Mother's Birthplace, *Me.*
9. Full Name of Father, *Fredk. Noller*
10. Father's Occupation, *Merchant*
11. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Wm. H. H. H.*
- Address, *57 W. Grace St.*
- Remarks,

RETURN OF A BIRTH

580113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parent's, and the maiden name of the mother of each child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 10. January

4. Place of Birth, (Street and Number) 272. E. 11th St. Baltimore Md

5. Full Name of Mother, Johannette Bernhard

6. Mother's Maiden Name, Woll

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Conrad Bernhard

9. Father's Occupation, Backer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Dr. J. H. H. H.

Address 1. S. 11th St. N.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

53044

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth January 10th 1882.
4. Place of Birth, (Street and Number) 41 Lauren's St.
5. Full Name of Mother Emma Virginia Lyon
6. Mother's Maiden Name Coyne
7. Mother's Birthplace Abbeville S.C.
8. Full Name of Father J. H. Lyon
9. Father's Occupation Bookkeeper
10. Father's Birthplace Columbia S.C.
- Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.
- Address 431 Resene Ave.
- Remarks

RETURN OF A BIRTH

33045

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or child ren.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

10 Jan

4. Place of Birth, (Street and Number)

Mass St 22

5. Full Name of Mother,

Mary Fisher

6. Mother's Maiden Name,

Harrell

7. Mother's Birthplace,

Eastern Shore Va

8. Full Name of Father,

Samuel Fisher

9. Father's Occupation,

brick mason

10. Father's Birthplace,

Eastern Shore Va

Name of Medical Attendant, or other Person who makes this Return

A Wilson

Address,

Warner St 194

Remarks,



RETURN OF A BIRTH

53046

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 10th 1882

4. Place of Birth, (Street and Number) 10362 Canton Ave

5. Full Name of Mother, Augusta Wills

6. Mother's Maiden Name, Krameyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Rufous Wills

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs Getzke

Address, 12153 S. Bond st

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

1st
Male
White
Jan 10th 1882
115 S. Bond St
Mary A. Norton
Mary A. Norton
Baltimore
Geo. Norton
Clerk
David M. J. [Signature]
77 So. Bond St

RETURN OF A BIRTH

53048

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant, or other Person who makes this Return
Address,
Remarks,

1st
Female
January 10, 1892
829 Orleans St.
Catherine & Chaffin
Renee
Maryland
Cardinal & Chaffin
Cabinet Maker
Germany
Mary A. Mudd
256 N. 1st St.

W. & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

53049

RETURN OF A BIRTH

53049

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

2. Sex, (state whether male or female) *Female*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *10th of January*

5. Place of Birth, (Street and Number) *No. 238 Williams St*

6. Full Name of Mother, *Kate Logt*

7. Mother's Maiden Name, *Kate Bowers*

8. Mother's Birthplace, *Baltimore*

9. Full Name of Father, *Charles Logt*

10. Father's Occupation, *Laborer*

11. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Salina G. Gabel*

Address *Mc Cox West St*

Remarks

RETURN OF A BIRTH

53050

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male 2

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 10 1892

4. Place of Birth, (Street and Number) 107 No Washington St

5. Full Name of Mother, Mary Agnes Miller

6. Mother's Maiden Name, Mary Agnes Distenfeld

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, George Henry Miller

9. Father's Occupation, Liquor Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mary Ann Bywood

Address, 296 Orleans St

Remarks,

RETURN OF A BIRTH

53051

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
Female

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

Colored

4. Date of Birth,

16 Jan'y 1882

5. Place of Birth, (Street and Number)

33 N. Spring St.

6. Full Name of Mother,

Johnna Smith

7. Mother's Maiden Name,

Johnna Curtis

8. Mother's Birthplace,

West & Essex Mds

9. Full Name of Father,

Fredrick S. Smith

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Balt. Mds

Name of Medical Attendant, or other Person who makes this Return

Dr. J. S. Haines

Address,

15 E. Hancock St.

Remarks,

RETURN OF A BIRTH

53053

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mather, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10th of January 1882

4. Place of Birth, (Street and Number)

54 Chapman Street

5. Full Name of Mother,

Alice Foster

6. Mother's Maiden Name,

Alice Fellen

7. Mother's Birthplace,

Deal Island, Somerset county

8. Full Name of Father,

Sam Fellen

9. Father's Occupation,

Fireman, Fire Insurance

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Prescilla Kunkel

Address

71 North Chapel Street per Gustina Kunkel

Remarks

Healthy

ANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

53053

RETURN OF A BIRTH,

53053

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 10th 1882

4. Place of Birth, (Street and Number)

224 N. Wolfe St Baltimore City

5. Full Name of Mother

Rebecca E. Miller

6. Mother's Maiden Name

Rebecca E. Dorsey

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John S. Miller

9. Father's Occupation

Bricklayer

Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Amanda Hooper

Address

348 B Monument Street

Remarks

name of the mother of such child or children.

58054

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child.

1. Sex (state whether male or female) Female.

2. Race or Color (if not of the white race) White race.

3. Date of Birth 10 of January 1882.

4. Place of Birth (Street and Number) No 52 Bechtel St.

5. Full Name of Mother Menrey Hechler.

6. Mother's Maiden Name Menrey Renne.

7. Mother's Birthplace in Germany.

8. Full Name of Father Meach Hechler.

9. Father's Occupation a Tailor.

10. Father's Birthplace in Germany.

Name of Medical Attendant, or other Person who makes this Return. Michael Thomas Geller

Address No 14 Main St

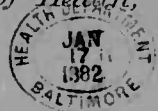
Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

58055

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color of
3. Date of Birth, Jan 10 1882
4. Place of Birth, (Street and Number) Church St 73
5. Full Name of Mother, Sarah Grumbell
6. Mother's Maiden Name, Sarah Turpin
7. Mother's Birthplace, Easton Shore, m.d.
8. Full Name of Father, Alfred Brommel
9. Father's Occupation, carpenter
10. Father's Birthplace, Baltimore John Dixon
- Name of Medical Attendant, Daniel Dixon
or other Person who makes this Return.
- Address, No 60 Church St
- Remarks, none

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race) ..

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th
Male
White
Jan 10th 1892
147 Burgundy alley
Wilhemina Gumpel
Wilhemina Albert
Baltimore Md
H. Wm Gumpel
Piano Maker
Germany
Theodore C. Gumpel
146 Danvers St

RETURN OF A BIRTH.

58057

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

10 of January

4. Place of Birth (Street and Number)

491 Eastern Avenue

5. Full Name of Mother

Mary parson

6. Mother's Maiden Name

Mary Brady

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James parson

9. Father's Occupation

Can maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary L. Swanson

Address

59 Myrtle street

Remarks

the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53058

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Eleventh*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *January 10th 1882*
 4. Place of Birth (Street and Number) *No 24 S Greene Street*
 5. Full Name of Mother *Sarah ~~Hotel~~ Bergman*
 6. Mother's Maiden Name *Sarah Hotel*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Joseph Bergman*
 9. Father's Occupation *Horse Dealer*
 10. Father's Birthplace *Germany*
 Name of Medical Attendant, or other Person who makes this Return. *A. Friedman M.D.*
 Address *88 N. Calumet Street*
 Remarks

See N. 16 of last previous comparison, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

53059

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Tuesday, Jan 10th 1882

4. Place of Birth (Street and Number)

25 1/2 Greenmont Ave

5. Full Name of Mother

Jennie Callahan

6. Mother's Maiden Name

Jennie Braden

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

John Callahan

9. Father's Occupation

Employee W. M. R. R. Co

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wilmer Dutton MD

Address

25 1/2 Greenmont Ave

Remarks

Very Presentation.

RETURN OF A BIRTH

53060

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *11 of January*
5. Place of Birth, (Street and Number) *29 Bradford ab*
6. Full Name of Mother, *Ritterich*
7. Mother's Maiden Name, *Herrington* *Shewing*
8. Mother's Birthplace, *Germany*
9. Full Name of Father, *John Ritterich*
10. Father's Occupation, *Layler*
11. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mr Wiley*
- Address *No 13 Patterson Park*
- Remarks.

53061

RETURN OF A BIRTH

53061

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

17

Child
Female

3. Race or Color, (if not of the white race)

17

17

4. Date of Birth,

469 Maine St

5. Place of Birth, (Street and Number)

January 11, 1882

6. Full Name of Mother,

Margaret F. Lowe

7. Mother's Maiden Name,

Redrow

8. Mother's Birthplace,

Maryland

9. Full Name of Father,

John F. Lowe

10. Father's Occupation,

Black

11. Mother's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
may be the Return

Mary A. Hinde

Address, 146 - 147 - 148 - 149 - 150 - 151 - 152 - 153 - 154 - 155 - 156 - 157 - 158 - 159 - 160 - 161 - 162 - 163 - 164 - 165 - 166 - 167 - 168 - 169 - 170 - 171 - 172 - 173 - 174 - 175 - 176 - 177 - 178 - 179 - 180 - 181 - 182 - 183 - 184 - 185 - 186 - 187 - 188 - 189 - 190 - 191 - 192 - 193 - 194 - 195 - 196 - 197 - 198 - 199 - 200 - 201 - 202 - 203 - 204 - 205 - 206 - 207 - 208 - 209 - 210 - 211 - 212 - 213 - 214 - 215 - 216 - 217 - 218 - 219 - 220 - 221 - 222 - 223 - 224 - 225 - 226 - 227 - 228 - 229 - 230 - 231 - 232 - 233 - 234 - 235 - 236 - 237 - 238 - 239 - 240 - 241 - 242 - 243 - 244 - 245 - 246 - 247 - 248 - 249 - 250 - 251 - 252 - 253 - 254 - 255 - 256 - 257 - 258 - 259 - 260 - 261 - 262 - 263 - 264 - 265 - 266 - 267 - 268 - 269 - 270 - 271 - 272 - 273 - 274 - 275 - 276 - 277 - 278 - 279 - 280 - 281 - 282 - 283 - 284 - 285 - 286 - 287 - 288 - 289 - 290 - 291 - 292 - 293 - 294 - 295 - 296 - 297 - 298 - 299 - 300 - 301 - 302 - 303 - 304 - 305 - 306 - 307 - 308 - 309 - 310 - 311 - 312 - 313 - 314 - 315 - 316 - 317 - 318 - 319 - 320 - 321 - 322 - 323 - 324 - 325 - 326 - 327 - 328 - 329 - 330 - 331 - 332 - 333 - 334 - 335 - 336 - 337 - 338 - 339 - 340 - 341 - 342 - 343 - 344 - 345 - 346 - 347 - 348 - 349 - 350 - 351 - 352 - 353 - 354 - 355 - 356 - 357 - 358 - 359 - 360 - 361 - 362 - 363 - 364 - 365 - 366 - 367 - 368 - 369 - 370 - 371 - 372 - 373 - 374 - 375 - 376 - 377 - 378 - 379 - 380 - 381 - 382 - 383 - 384 - 385 - 386 - 387 - 388 - 389 - 390 - 391 - 392 - 393 - 394 - 395 - 396 - 397 - 398 - 399 - 400 - 401 - 402 - 403 - 404 - 405 - 406 - 407 - 408 - 409 - 410 - 411 - 412 - 413 - 414 - 415 - 416 - 417 - 418 - 419 - 420 - 421 - 422 - 423 - 424 - 425 - 426 - 427 - 428 - 429 - 430 - 431 - 432 - 433 - 434 - 435 - 436 - 437 - 438 - 439 - 440 - 441 - 442 - 443 - 444 - 445 - 446 - 447 - 448 - 449 - 450 - 451 - 452 - 453 - 454 - 455 - 456 - 457 - 458 - 459 - 460 - 461 - 462 - 463 - 464 - 465 - 466 - 467 - 468 - 469 - 470 - 471 - 472 - 473 - 474 - 475 - 476 - 477 - 478 - 479 - 480 - 481 - 482 - 483 - 484 - 485 - 486 - 487 - 488 - 489 - 490 - 491 - 492 - 493 - 494 - 495 - 496 - 497 - 498 - 499 - 500 - 501 - 502 - 503 - 504 - 505 - 506 - 507 - 508 - 509 - 510 - 511 - 512 - 513 - 514 - 515 - 516 - 517 - 518 - 519 - 520 - 521 - 522 - 523 - 524 - 525 - 526 - 527 - 528 - 529 - 530 - 531 - 532 - 533 - 534 - 535 - 536 - 537 - 538 - 539 - 540 - 541 - 542 - 543 - 544 - 545 - 546 - 547 - 548 - 549 - 550 - 551 - 552 - 553 - 554 - 555 - 556 - 557 - 558 - 559 - 560 - 561 - 562 - 563 - 564 - 565 - 566 - 567 - 568 - 569 - 570 - 571 - 572 - 573 - 574 - 575 - 576 - 577 - 578 - 579 - 580 - 581 - 582 - 583 - 584 - 585 - 586 - 587 - 588 - 589 - 590 - 591 - 592 - 593 - 594 - 595 - 596 - 597 - 598 - 599 - 600 - 601 - 602 - 603 - 604 - 605 - 606 - 607 - 608 - 609 - 610 - 611 - 612 - 613 - 614 - 615 - 616 - 617 - 618 - 619 - 620 - 621 - 622 - 623 - 624 - 625 - 626 - 627 - 628 - 629 - 630 - 631 - 632 - 633 - 634 - 635 - 636 - 637 - 638 - 639 - 640 - 641 - 642 - 643 - 644 - 645 - 646 - 647 - 648 - 649 - 650 - 651 - 652 - 653 - 654 - 655 - 656 - 657 - 658 - 659 - 660 - 661 - 662 - 663 - 664 - 665 - 666 - 667 - 668 - 669 - 670 - 671 - 672 - 673 - 674 - 675 - 676 - 677 - 678 - 679 - 680 - 681 - 682 - 683 - 684 - 685 - 686 - 687 - 688 - 689 - 690 - 691 - 692 - 693 - 694 - 695 - 696 - 697 - 698 - 699 - 700 - 701 - 702 - 703 - 704 - 705 - 706 - 707 - 708 - 709 - 710 - 711 - 712 - 713 - 714 - 715 - 716 - 717 - 718 - 719 - 720 - 721 - 722 - 723 - 724 - 725 - 726 - 727 - 728 - 729 - 730 - 731 - 732 - 733 - 734 - 735 - 736 - 737 - 738 - 739 - 740 - 741 - 742 - 743 - 744 - 745 - 746 - 747 - 748 - 749 - 750 - 751 - 752 - 753 - 754 - 755 - 756 - 757 - 758 - 759 - 760 - 761 - 762 - 763 - 764 - 765 - 766 - 767 - 768 - 769 - 770 - 771 - 772 - 773 - 774 - 775 - 776 - 777 - 778 - 779 - 780 - 781 - 782 - 783 - 784 - 785 - 786 - 787 - 788 - 789 - 790 - 791 - 792 - 793 - 794 - 795 - 796 - 797 - 798 - 799 - 800 - 801 - 802 - 803 - 804 - 805 - 806 - 807 - 808 - 809 - 810 - 811 - 812 - 813 - 814 - 815 - 816 - 817 - 818 - 819 - 820 - 821 - 822 - 823 - 824 - 825 - 826 - 827 - 828 - 829 - 830 - 831 - 832 - 833 - 834 - 835 - 836 - 837 - 838 - 839 - 840 - 841 - 842 - 843 - 844 - 845 - 846 - 847 - 848 - 849 - 850 - 851 - 852 - 853 - 854 - 855 - 856 - 857 - 858 - 859 - 860 - 861 - 862 - 863 - 864 - 865 - 866 - 867 - 868 - 869 - 870 - 871 - 872 - 873 - 874 - 875 - 876 - 877 - 878 - 879 - 880 - 881 - 882 - 883 - 884 - 885 - 886 - 887 - 888 - 889 - 890 - 891 - 892 - 893 - 894 - 895 - 896 - 897 - 898 - 899 - 900 - 901 - 902 - 903 - 904 - 905 - 906 - 907 - 908 - 909 - 910 - 911 - 912 - 913 - 914 - 915 - 916 - 917 - 918 - 919 - 920 - 921 - 922 - 923 - 924 - 925 - 926 - 927 - 928 - 929 - 930 - 931 - 932 - 933 - 934 - 935 - 936 - 937 - 938 - 939 - 940 - 941 - 942 - 943 - 944 - 945 - 946 - 947 - 948 - 949 - 950 - 951 - 952 - 953 - 954 - 955 - 956 - 957 - 958 - 959 - 960 - 961 - 962 - 963 - 964 - 965 - 966 - 967 - 968 - 969 - 970 - 971 - 972 - 973 - 974 - 975 - 976 - 977 - 978 - 979 - 980 - 981 - 982 - 983 - 984 - 985 - 986 - 987 - 988 - 989 - 990 - 991 - 992 - 993 - 994 - 995 - 996 - 997 - 998 - 999 - 1000

Remarks,



& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

53062

RETURN OF A BIRTH

53062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Fill in as far as possible, giving full name, date of birth, sex, color, and residence of the child, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 11

4. Place of Birth, (Street and Number)

135 Pine Street

5. Full Name of Mother,

Catharine Schmidt

6. Mother's Maiden Name,

Catharine Hock

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Schmidt

9. Father's Occupation,

Driver

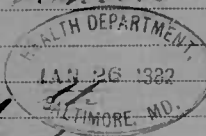
10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Catharine Schmidt 135 Pine Street

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JAN 26 1982

BALTIMORE, MD.

Name: *Nettie W. Seward*
of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 11 1882*

4. Place of Birth, (Street and Number) *415 Light St*

5. Full Name of Mother, *Martha Seward*

6. Mother's Maiden Name, *Martha Goephan*

7. Mother's Birthplace, *City*

8. Full Name of Father, *John Seward*

9. Father's Occupation, *Paper Carrier*

10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return *H. B. Noble, M.D.*

Address, *50 W. Main St*

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex (state whether Male or Female) 5 males
2. Race or Color (if not of the white race) White
3. Date of Birth January 11- 1882
4. Place of Birth (Street and Number) 38 Hickey St Baltimore
5. Full Name of Mother Elizabeth Palmer
6. Mother's Maiden Name Elizabeth Trotter
7. Mother's Birthplace Germany
8. Full Name of Father George H. Palmer
9. Father's Occupation Barber
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Mrs S. G. Bell
Address 222 Pratt St Baltimore
Remarks

Color, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53065

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white race

3. Date of Birth, 11 January

4. Place of Birth, (Street and Number) Baltimore, Blakemore St. 4

5. Full Name of Mother, Elizabeth Leisewitz

6. Mother's Maiden Name, Malice

7. Mother's Birthplace, Europe

8. Full Name of Father, Fred Leisewitz

9. Father's Occupation, Blacksmith

Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Dr. H. H. H. H.

Address 1444 N. 1st St.

Remarks,

RETURN OF A BIRTH.

53066

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (~~state whether~~ Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *11. January 1882*
4. Place of Birth (Street and Number) *167. Fremont St*
5. Full Name of Mother *Elizabeth Furman*
6. Mother's Maiden Name *Elizabeth Butler*
7. Mother's Birthplace *Montgomery Co. Pennsylvania*
8. Full Name of Father *Charles A. Furman*
9. Father's Occupation *Barber*
10. Father's Birthplace *Philadelphia Pa*
- Name of Medical Attendant, or other Person who makes this Return. *L. Dyer*
- Address *146. Hill St*
- Remarks *Natural Presentation Both are doing well*

L. D. DYER M.D.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

condition, whether still born or not, the full name, nativity, and residence of the parents and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6. + 7

1. Sex (state whether male or female)

Male + Female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

Jan. 11. ^m 82

4. Place of Birth (Street and Number)

192. Bonligan St.

5. Full Name of Mother

Mary Stewart

6. Mother's Maiden Name

Walker

7. Mother's Birthplace

Talbot Co.

8. Full Name of Father

Charles Stewart

9. Father's Occupation

Cyber Schucker

10. Father's Birthplace

Annamdel Co.

Name of Medical Attendant, or other Person who makes this Return.

City Lockman

Address

25 East St

Remarks

Both healthy about 15 lbs. from each

53169

RETURN OF A BIRTH

53069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 1st child

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

11th January

5. Place of Birth, (Street and Number)

No 227 William St

6. Full Name of Mother,

Laura Miller

7. Mother's Maiden Name,

Laura Brown

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

John Brown

10. Father's Occupation,

Labrador

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

John A. Fisher

Address,

No 125 West St

Remarks,

Baltimore Md 1892

RETURN OF A BIRTH

530.70

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Jan. 13th



the parents, and the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, Jan. 11th 1882

5. Place of Birth, (Street and Number) 91 Camden St

6. Full Name of Mother, Maggie Paul

7. Mother's Maiden Name, Maggie Hesse

8. Mother's Birthplace, America

9. Full Name of Father, George H. Paul

10. Father's Occupation, Coal Co. Factory

11. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary L. Leland

Address, Co. 137 York St

Remarks, [Signature]

RETURN OF A BIRTH

53071

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 11 1882

4. Place of Birth, (Street and Number)

23 Dr. Fayette
Bran Thompson

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

England

8. Full Name of Father,

Don-Koon

9. Father's Occupation,

Anti-dealer

10. Father's Birthplace,

Don-Koon

Name of Medical Attendant, or other Person who makes this Return.

D. Smith M.D.

Address,

142 W. E. 1st St.

Remarks,

R. A. L. a - force delivery - birth during
mell

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53172

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Jan Jan 11 1882

4. Place of Birth (Street and Number)

R No 221 Hamburg St

5. Full Name of Mother

Rebecca Johnson

6. Mother's Maiden Name

" S. S. S. S. S.

7. Mother's Birthplace

Balt city MD

8. Full Name of Father

Charles Stewart

9. Father's Occupation

labber

10. Father's Birthplace

Balt city MD

Name of Medical Attendant, or other Person who

mid wife Mary G. Dennis

Address

21 Peach wgy

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

53073

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

22

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 11th 1882

4. Place of Birth (Street and Number)

Gayette St. 1 door from Lock St.

5. Full Name of Mother

Kate Adeline Oldick

6. Mother's Maiden Name

Kate Adeline Blumenauer

7. Mother's Birthplace

Frederick

8. Full Name of Father

John Oldick

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

J. R. White M.D.

Address

234 W. Gayette St.

Remarks

RETURN OF A BIRTH

530711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Male

2. Sex, (state whether male or female)

White

3. Race or Color, (if not of the white race)

4. Date of Birth,

Jan 14, 1882

5. Place of Birth, (Street and Number)

730 Sharp St

6. Full Name of Mother,

Mrs Vaughan

7. Mother's Maiden Name,

Mrs. Smith

8. Mother's Birthplace,

Virginia

9. Full Name of Father,

Robert Vaughan

10. Father's Occupation,

Physician

11. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Dr. Charles C. Cook MD

Address,

145 N. Hanover St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53075

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Jan 11*
4. Place of Birth, (Street and Number) *130 Eden st*
5. Full Name of Mother, *Mary Benson*
6. Mother's Maiden Name, *not married*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Leas Johnson*
- Address *31 Pratt st*
- Remarks *Healthy child*

RETURN OF A BIRTH

53076

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

third

1. Sex, (state whether male or female).....

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

January 12th

4. Place of Birth, (Street and Number)

Hyson St 116

5. Full Name of Mother,

Josephine Louisa Barnes

6. Mother's Maiden Name,

Josephine Louisa Thomas

7. Mother's Birthplace,

Baltimore MD

8. Full Name of Father,

John James Barnes

9. Father's Occupation,

Labors

10. Father's Birthplace,

Oxford MD

Name of Medical Attendant, or other person who makes this Return.

Sasha Pennington

Address,

Hyson St no 80

Remarks,

no Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53077

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 L

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

Jan 12 1882

4. Place of Birth (Street and Number)

154 Division St

5. Full Name of Mother

Kate Horn

6. Mother's Maiden Name

Kate Clark

7. Mother's Birthplace

City

8. Full Name of Father

Francis Horn

9. Father's Occupation

Traveling agent

10. Father's Birthplace

an American Ship

Name of Medical Attendant, or other Person who makes this Return.

A. B. Woodman

Address

Remarks

RETURN OF A BIRTH

53078

Give the full name, physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53078

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



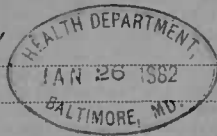
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) 1
3. Date of Birth, June 12
4. Place of Birth, (Street and Number) 78 Market Place
5. Full Name of Mother, Kate Betweil
6. Mother's Maiden Name, Cunningham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Betweil
9. Father's Occupation, Fishes
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return Sarah Casper
- Address, 72 E. Lombard
- Remarks,

RETURN OF A BIRTH

53079

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
2. Sex, (state whether male or female) *female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *12th Jan*
5. Place of Birth, (Street and Number) *381 Pratt st.*
6. Full Name of Mother, *Emma Pikel*
7. Mother's Maiden Name, *Emma Baker*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Eco A Pikel*
10. Father's Occupation, *Couch Maker*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *M^{rs} Catherine Baker*
- Address *N^o 439 west Pratt st*
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

3

2 males

White

January 12 1882

110 34 Morris St

Mary H. Sexton

Mary H. Brown

London

Thomas J. Sexton

Engineer

Baltimore

Mrs. J. H. H.

591 Pratt St

RETURN OF A BIRTH

53051

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 12

4. Place of Birth, (Street and Number)

Little Pine St. No. 12

5. Full Name of Mother,

Amalie

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

William Kopkins

8. Full Name of Father,

John

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Charlotte Goulden

Remarks,

RETURN OF A BIRTH

63082

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *12 Jan 1882*
4. Place of Birth, (Street and Number) *Sumner St*
5. Full Name of Mother, *Elisabeth Walker*
6. Mother's Maiden Name, *Oliver*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Johr Walker*
9. Father's Occupation, *waiter*
10. Father's Birthplace, *Sept 20 1855*
- Name of Medical Attendant, or other Person who makes this Return *A. Wilson*
- Address, *Warner St 194*
- Remarks,

RETURN OF A BIRTH.

53083

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

N^o 4

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 12

4. Place of Birth (Street and Number)

398 Maryland Ave

5. Full Name of Mother

Mary J. Zimmerman

6. Mother's Maiden Name

Mary Fletcher

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Frank J. Zimmerman

9. Father's Occupation

Salon

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Jane Bayless

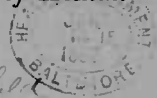
Address

Remarks

name of the mother of such child or children.

53084

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex (state whether male or female)

Male Brown Skin

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

One the 12th at half past one

4. Place of Birth (Street and Number)

No 3 Little Penn Street

5. Full Name of Mother

Narah Nicholson

6. Mother's Maiden Name

Narah Nicholson

7. Mother's Birthplace

Ann Arundel

8. Full Name of Father

Joe Dunn

9. Father's Occupation

Brick Layer Azar Arundel

10. Father's Birthplace

Ann Arundel

Name of Medical Attendant, or other Person who makes this Return.

L. J. Harris

Address

No 5 Becker Court

Remarks

A very delicate child with soft head

name of the mother of such child or children.

RETURN OF A BIRTH

53085

RETURN OF A BIRTH,

53085

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 12th 1892

4. Place of Birth, (Street and Number)

232 P. Caroline St

5. Full Name of Mother

Mrsella Sher

6. Mother's Maiden Name

Mrsella Jones

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Charles Edward Sher

9. Father's Occupation

Housekeeper

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Amanda Morine

Address

378 E Monument St Baltimore City

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53086

RETURN OF A BIRTH, 53086

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth Jan'y 12th 1882.

4. Place of Birth, (Street and Number) 11 Constitution Pl.

5. Full Name of Mother Agnes Shearer

6. Mother's Maiden Name ~~Agnes~~ Maiden name was also Agnes Shearer

7. Mother's Birthplace Scotland

8. Full Name of Father Wm Shearer

9. Father's Occupation Brass finisher

10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this Return. Dr W Cathell M.D.

Address 2 N B. Broadway

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53087

RETURN OF A BIRTH, 53087

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Born on the 12th of January 1882

4. Place of Birth, (Street and Number)

9 Calverton Road

5. Full Name of Mother

Mrs. Chatt

6. Mother's Maiden Name

Mary Anstall

7. Mother's Birthplace

Born in Germany

8. Full Name of Father

George Chatt

9. Father's Occupation

Beer Brewer

10. Father's Birthplace

Born in Germany

Name of Medical Attendant, or other Person who makes this return.

Mrs. Miller

Address

147 W. Pratt St.

Remarks

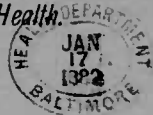
name of the mother of such child or children.

RETURN OF A BIRTH.

53188

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

seventh

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 12th 1892

4. Place of Birth (Street and Number)

28 Greenmount Ave.

5. Full Name of Mother

Mary Hederman

6. Mother's Maiden Name

Blass

7. Mother's Birthplace

Howard Co. Md.

8. Full Name of Father

Henry H. Hederman

9. Father's Occupation

clerk

10. Father's Birthplace

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. B. Slides

Address

87 Mulberry St.

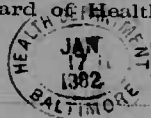
Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53089

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White (Polish)*
3. Date of Birth, *Jan. 12. 1882*
4. Place of Birth, (Street and Number) *109. Liberty Road*
5. Full Name of Mother, *Mrs. Aug. Branska,*
6. Mother's Maiden Name, *Cecilia Thuelka,*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *August Branska*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

J. R. Ricker, M.D.
No Remarks

RETURN OF A BIRTH

53090

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

2. Sex, (state whether male or female) female

3. Race or Color, (if not of the white race) White

4. Date of Birth, 12 of January 1882

5. Place of Birth, (Street and Number) Bony Street 12 1/2

6. Full Name of Mother, Maggie Richards Baltimore

7. Mother's Maiden Name, Maggie Holack J

8. Mother's Birthplace, Bony Street

9. Full Name of Father, Jacob Richards Baltimore

10. Father's Occupation, Laborer

11. Father's Birthplace, Bony Street Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Waley

Address, No 12 Patterson Park St

Remarks.

RETURN OF A BIRTH

53091

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Jan 12

4. Place of Birth, (Street and Number) 41 East st

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, not married

7. Mother's Birthplace, Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return Mrs. Leas Johnson

Address, 31 West st

Remarks, healthy child.

RETURN OF A BIRTH, 53092

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 55

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 12th 1882

4. Place of Birth, (Street and Number) No 11 Milliman st

5. Full Name of Mother Goney, Wife

6. Mother's Maiden Name Goney Shipley

7. Mother's Birthplace Germany

8. Full Name of Father George C. Hill

9. Father's Occupation Clerk

10. Father's Birthplace Balt^a

Name of Medical Attendant, or other Person who makes this Return. Lera Halligan

Address 152 E. Northmen st

Remarks

Name of the mother of such child or children.

RETURN OF A BIRTH,

53093

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan'y 12th 1882

4. Place of Birth, (Street and Number)

382 Franklin

5. Full Name of Mother

Mary Baetjer

6. Mother's Maiden Name

Koppelman

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

J. George Baetjer

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene

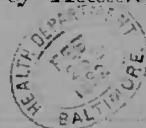
Remarks

Number of each child of child ren.

RETURN OF A BIRTH

53094-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2^d
 Name: William King
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 12th Jan'y 1882
 4. Place of Birth, (Street and Number) 259 Madison Ave.
 5. Full Name of Mother, Etelle M. (Aminie D.) King
 6. Mother's Maiden Name, Deshon
 7. Mother's Birthplace, Balt. Co.
 8. Full Name of Father, John King
 9. Father's Occupation, Mech.
 10. Father's Birthplace, Annapolis
 Name of Medical Attendant, or other Person who makes this Return, H. W. Omings
 Address, 48 McCulloch St.
 Remarks,

RETURN OF A BIRTH

53095

RETURN OF A BIRTH, 53095

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January 13th 1882
4. Place of Birth, (Street and Number) 4116 Batty Avenue
5. Full Name of Mother Minfred Joyce
6. Mother's Maiden Name Minfred Kelly
7. Mother's Birthplace Ireland
8. Full Name of Father John Joyce
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return. Katharine Kernan
- Address 4118 Dryden Street
- Remarks

RETURN OF A BIRTH

53096

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 13. 1882

4. Place of Birth, (Street and Number)

607 Pennsylvania Ave.

5. Full Name of Mother,

Helena Funk

6. Mother's Maiden Name,

" Stewart.

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Jacob D. Funk

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Alfred Waistate, M.D.

Address,

228 N. Eutaw St.

Remarks,

See instructions, and the printed name of the mother of such child or children.

PRINTED & STATIONED, BALT.

RETURN OF A BIRTH

53097

216

216

RETURN OF A BIRTH

53097

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks,

RETURN OF A BIRTH,

53098

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether male or female) _____

2. Race or Color, (if not of the white race) W

3. Date of Birth January 18 1882

4. Place of Birth, (Street and Number) 182 Mulberry st

5. Full Name of Mother Hannah O. Connor

6. Mother's Maiden Name Hannah Bushman

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Wm O Connor

9. Father's Occupation Wm. th

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 28 Franklin

Remarks _____

53099

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th First

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan, 13, 1882

4. Place of Birth (Street and Number)

242 Pierce st

5. Full Name of Mother

Mary Ellen Gambrell

6. Mother's Maiden Name

Burke

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles H. Gambrell

9. Father's Occupation

Machinist

10. Father's Birthplace

Norfolk Va.

Name of Medical Attendant, or other Person who makes this Return.

John Hood

Address

322 Hollins st.

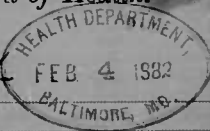
Remarks

born in Baltimore

33100

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

13 January 1882

4. Place of Birth (Street and Number)

Cot Cuddy + O'Donnell

5. Full Name of Mother

Mary Sullivan

6. Mother's Maiden Name

Balto Md.

7. Mother's Birthplace

Daniel Keen

8. Full Name of Father

Laborer

9. Father's Occupation

Balto Md.

10. Father's Birthplace

E. J. Keeney (Md.)

Name of Medical Attendant, or other Person who makes this Return.

53 E. Euphrat St

Address

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

Jan 12 1882

4. Place of Birth (Street and Number)

in rear of 40 Hill St

5. Full Name of Mother

Ann Green

6. Mother's Maiden Name

Ann Jones

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Charles Green

9. Father's Occupation

Coal Carrier

10. Father's Birthplace

West River

Name of Medical Attendant, or other Person who makes this Return.

E. Griffin

Address

in rear of 40 Hill St

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53102

RETURN OF A BIRTH

53102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan 13th 1882

4. Place of Birth, (Street and Number)

No 34 Heath St

5. Full Name of Mother,

Mary E Millburn

6. Mother's Maiden Name,

Mary E Miller

7. Mother's Birthplace,

Balt city md

8. Full Name of Father,

Charles Millburn

9. Father's Occupation,

Copper Smith

10. Father's Birthplace,

Balt city md

Name of Medical Attendant,

or other Person who makes this Return

Elizabeth Hinton

Address,

No 666 S Charles St

Remarks,

Excuse torn paper

53103

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Jan 13th 1882.
1674 Carrollton St.
Ella M. Williamson
Ella M. Carroll
Wilmington, Del.
Thomas Williamson
Salesman
Carytown, Balt Co. Md
John R. Stroz, M.D.

Thos. C. Williamson

name of the mother of such child or children.

RETURN OF A BIRTH

53104

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

January 1st 1882

4. Place of Birth, (Street and Number)

411 W. Lombard St. (Maternity)

5. Full Name of Mother,

Sallie Ford

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. L. Pettig, M.D.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

411 W. Lombard St. Resident Physician

Remarks,

R. O. D. Aus. Illegitimate - Normal

RETURN OF A BIRTH 53105

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Und. Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Jan 13 1882

4. Place of Birth, (Street and Number)

102 Beister St

5. Full Name of Mother,

6. Mother's Maiden Name,

Josephine Carter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

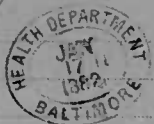
Lucinda Woolford

Address,

136 Beister St

Remarks,

No Remark



RETURN OF A BIRTH

53106

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Jan 16th 1882*
 4. Place of Birth, (Street and Number) *814 N. Baltimore St*
 5. Full Name of Mother, *Mary Reiderer*
 6. Mother's Maiden Name, *Mary McFarland*
 7. Mother's Birthplace, *New York State*
 8. Full Name of Father, *John Reiderer*
 9. Father's Occupation, *Silversmith*
 10. Father's Birthplace, *New York State*
 Name of Medical Attendant, *or other Person who makes this Return* *Amanda E. Taylor M.D.*
 Address, *97 N. Sticks St*
 Remarks,

RETURN OF A BIRTH

53107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan'y 13/82

4. Place of Birth, (Street and Number)

181 Bank St,

5. Full Name of Mother,

Catharine Foxwee

6. Mother's Maiden Name,

Carey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Foxwee

9. Father's Occupation,

Caffer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who
makes this Return.

Quamansford M.D

Address, ..

117 S. Broadway

Remarks,

born, as to their physical condition, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) ... 1
2. Sex, (state whether male or female) ... female
3. Race or Color, (if not of the white race) ... colored
4. Date of Birth, ... Jan 12
5. Place of Birth, (Street and Number) ... 35 Jefferson st
6. Full Name of Mother, ... Mary Jones
7. Mother's Maiden Name, ... Mary Johnson
8. Mother's Birthplace, ... Baltimore md
9. Full Name of Father, ... Cornelius Jones
10. Father's Occupation, ... laborer
11. Father's Birthplace, ... Baltimore md
12. Name of Medical Attendant, or other Person who makes this Return ... Mrs Johnson
13. Address ... 31 Short st
14. Remarks ... healthy child

RETURN OF A BIRTH

53109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

2. S. x, (state whether male or female) *male*

3. Race or Color, (if not of the white race) *colored*

4. Date of Birth, *Jan 13*

5. Place of Birth, (Street and Number) *48 north Dallas st*

6. Full Name of Mother, *Sarah Bantam*

7. Mother's Maiden Name, *Sarah Bright*

8. Mother's Birthplace, *Baltimore md*

9. Full Name of Father, *John Bantam*

10. Father's Occupation, *laborer*

11. Father's Birthplace, *Tallkott co md*

12. Name of Medical Attendant, or other Person who makes this Return *Mrs. Leas Johnson*

13. Address, *no 31 short st*

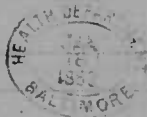
14. Remarks, *healthy Child*

RETURN OF A BIRTH

53110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female*

1. Sex, (state whether male or female) *5th*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 13th*

4. Place of Birth, (Street and Number) *No 47 N Bond st*

5. Full Name of Mother, *Mary J. Gethouse*

6. Mother's Maiden Name, *Snyder*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August Heltz*

9. Father's Occupation, *Bookkeeper*

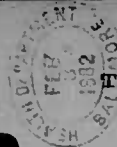
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this return *Mrs. Gatzke*

Address, *No 55 N Bond st*

Remarks,

of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH

53111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 13th 1882*
4. Place of Birth, (Street and Number) *732 N. Central Ave*
5. Full Name of Mother, *Jennie E. Beauchamp*
6. Mother's Maiden Name, *Jennie E. Bond*
7. Mother's Birthplace, *Balto Co Md*
8. Full Name of Father, *Samuel Beauchamp*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Somerset Co Md*
- Name of Medical Attendant, or other Person who makes this return *Atlas W. Hunter M.D.*
- Address, *36 Greenmount Ave*
- Remarks,

53112

RETURN OF A BIRTH

53112

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

2. Sex, (state whether male or female) *Male*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *12 January*

5. Place of Birth, (Street and Number) *19 Barnes St.*

6. Full Name of Mother, *Conradina Paula*

7. Mother's Maiden Name, *Rochlie*

8. Mother's Birthplace, *Czechoslovakia*

9. Full Name of Father, *Francis Paula*

10. Father's Occupation, *Dealer*

11. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Josephine Kasirer*

Address *20 Barnes St.*

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *7th 882*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 14/82*
4. Place of Birth, (Street and Number) *387 W. Lombard St*
5. Full Name of Mother, *Mary C. Spicer*
6. Mother's Maiden Name, *" " Schaf*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Herbert D. Spicer*
9. Father's Occupation, *Physician*
10. Father's Birthplace, *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return *H. P. Spicer M.D.*
Address *387 W. Lombard St*
Remarks

RETURN OF A BIRTH.

53114

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) female

2. Race or Color (if not of the white race) White

3. Date of Birth January 14th. 1882

4. Place of Birth (Street and Number) William St No 122

5. Full Name of Mother Mary Rebecca Krause

6. Mother's Maiden Name Mary Rechner

7. Mother's Birthplace Baltimore

8. Full Name of Father Jacob Krause

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary E Anderson

Address No 10 Abby's street

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 53115

the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1st of Mother, (state whether 1st, 2d, 3d, &c.) 3d
Sex whether male or female male
Color, (if not of the white race) white race
Birth January the 14
Place of Birth, (Street and Number) Baltimore Charles St No 536
Name of Mother Eliza Ann Fitchett
Maiden Name Eliza Ann Bare
Birthplace Matamoras Chester Co Md
Name of Father Dixon Fitchett
Occupation Shipcarpenter
Birthplace Baltimore
Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn
William St No 374

RETURN OF A BIRTH

59116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race) ..

White

4. Date of Birth,

January 14th 82

5. Place of Birth, (Street and Number)

173 Conway St.

6. Full Name of Mother,

Mary Flynn

7. Mother's Maiden Name,

" Brink

8. Mother's Birthplace,

Baltimore

9. Full Name of Father.

James Flynn

10. Father's Occupation,

Shipping Clerk

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Brook

Address,

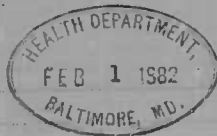
328 J. Eutan St

Remarks,

RETURN OF A BIRTH

53117

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Female.
14th of January 1882
7 Federal St.
Mary Herbert
More.
Baltimore
George Herbert
Baltimore
Baltimore
Charlotte Crosby
367 Cathedral St.

RETURN OF A BIRTH 53118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *January 14th*
4. Place of Birth, (Street and Number) *172 S. Gaymen St.*
5. Full Name of Mother, *Mary E. Vable*
6. Mother's Maiden Name, *Mary E. Becker*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Geo. Henry Vable*
9. Father's Occupation, *Collar Polisher*
10. Father's Birthplace, *Prussia*
Name of Medical Attendant, or other Person who makes this Return *Mrs. M. M. M.*
Address, *Cot. Lidenhall - Montgomery St.*
Remarks,



RETURN OF A BIRTH

53119

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *0*
2. Sex, (state whether male or female) *female*
3. Race or Color, (if not of the white race) *Color*
4. Date of Birth, *January 14*
5. Place of Birth, (Street and Number) *Heartsburg St. 92*
6. Full Name of Mother, *Edie Charty*
7. Mother's Maiden Name, *Johnson*
8. Mother's Birthplace, *Calvert Co*
9. Full Name of Father, *Robert Charty*
10. Father's Occupation, *Oysters Shucker*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other Person who makes this Return *A. Wilson*
13. Address, *Warner St. 194*
14. Remarks,

RETURN OF A BIRTH

53120



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth (1st)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 14th 1882

4. Place of Birth, (Street and Number)

Point Lane near (Argyle St)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

John Toward

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Regina J. Winter

Address,

186 Howard Ave

Remarks,

Gid Jan 15th 1882, bleeding at birth

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

33191



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male ~~Female~~)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 14th 1892*
4. Place of Birth (Street and Number) *No 162 16th Avenue N*
5. Full Name of Mother *Emma S Walsh*
6. Mother's Maiden Name *Emma S Gardner*
7. Mother's Birthplace *Balti City*
8. Full Name of Father *Jefferson J Walsh*
9. Father's Occupation *Builder Carpenter*
10. Father's Birthplace *Balti*
- Name of Medical Attendant, or other Person who make this Return. *James H. Lewis M.D.*
- Address *93 Park Ave*
- Remarks *Balti*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2, 2nd.
Male
White
Aug. 14th 1882
22 Philadelphia St
Maggie Moore
Kelly
Bellevue
John Moore
Driver
Bellevue
J. Moore
J. R. Beatty

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

53123

To the Office of Registrar of Vital Statistics, Board
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

1. Sex (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth

January 14th 1882.

4. Place of Birth, (Street and Number)

64 S. Washington St.

5. Full Name of Mother

Sallie Gould

6. Mother's Maiden Name

" Smith

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Ross Gould

9. Father's Occupation

B & O R.R. Clerk.

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

D. M. Battelle M. D.

Address

2 W. Broadway

Remarks

[Signature]

531211

RETURN OF A BIRTH

531211

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *Coloured*
3. Date of Birth, *Jan 14th 1882*
4. Place of Birth, (Street and Number) *No 16 Elbow Lane*
5. Full Name of Mother, *Charlotte Curtis*
6. Mother's Maiden Name, *Charlotte Curtis*
7. Mother's Birthplace, *St Mary County Maryland*
8. Full Name of Father, *John W Sullivan*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Pross Hill Maryland*
- Name of Medical Attendant, *or other Person who makes this Return* *Deborah Thomas*
- Address, *71 Desquandz Alley*
- Remarks,

DELANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

53125

పత్రిక 2వ



born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

- 67

- 7
1222-112

- $12\frac{1}{2} + 12\frac{1}{2}$

- January 14th 1882

- 237 North Silas

- Margaret T. Trumble

11. *M. Thier*

- Very truly
yours
Wm. S. Clark

- Robert M. Smith

- McCain, T. J.

- Mr. W. G. Clark

...the ...

... makes this return.

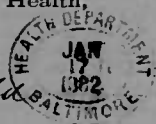
58191

RETURN OF A BIRTH

53126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, 14th of January 1882

5. Place of Birth, (Street and Number) 142 Canton St

6. Full Name of Mother, Elizabeth Miller

7. Mother's Maiden Name, Rease

8. Mother's Birthplace, Germany

9. Full Name of Father, Adam Miller

10. Father's Occupation, Sailor

11. Father's Birthplace, Germany

12. Name of Medical Attendant, or other Person who makes this return Mrs. Wiley

Address, No 12 Patterson Park Ave

Remarks.

RETURN OF A BIRTH

53127

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 14 1892

4. Place of Birth, (Street and Number)

16 Marshall Avenue

5. Full Name of Mother

Belinda Memshaw

6. Mother's Maiden Name,

Belinda Turpin

7. Mother's Birthplace,

Omaha Co. Mo

8. Full Name of Father,

James Memshaw

9. Father's Occupation,

machinist

10. Father's Birthplace,

Boat Mo

Name of Medical Attendant, or other Person who makes this Return

Theodore C. Kirk MD

Address,

140 N. 1st St

Remarks,

RETURN OF A BIRTH

53128

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race) White

4. Date of Birth, January 14th 1882

5. Place of Birth, (Street and Number) 1. Dearborn St. No. 183

6. Full Name of Mother, Elisabetha Ziefuss

7. Mother's Maiden Name, Elisabetha Scipp

8. Mother's Birthplace, Hausen, Gr. Hessen, Germany

9. Full Name of Father, Jakob Ziefuss

10. Father's Occupation, Farmer

11. Father's Birthplace, Hardsfeld, N. Hesse, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary C. Haller

Address, 1. E. 11th St. No. 1426

Remarks,

RETURN OF A BIRTH

53129

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ~~Age~~ of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Jan 14 1882*
5. Place of Birth, (Street and Number) *No 80 W. 1st St*
6. Full Name of Mother, *Eda Benton*
7. Mother's Maiden Name, *Benson*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *John Benton*
10. Father's Occupation, *Teacher*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes the Return *Mrs. Getzke*
- Address, *No 53 S. Board St*
- Remarks,

RETURN OF A BIRTH

52130

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
2. Sex, (state whether male or female) *Female*
3. Date of Birth, *Jan 24*
4. Place of Birth, (Street and Number) *22 S. Euler*
5. Full Name of Mother, *Helen Schilget*
6. Mother's Maiden Name, *Moore*
7. Mother's Birthplace, *Pott*
8. Full Name of Father, *William C. Schilget*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Charles Casper*
- Address, *22 S. Lombard St.*
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Saturday Jan 14th 1882*
4. Place of Birth (Street and Number) *St. W. corner of Chas. & Greenmount Ave.*
5. Full Name of Mother *Genevieve Ripberger*
6. Mother's Maiden Name *Williams*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father *Edward Ripberger*
9. Father's Occupation *New Dealer*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who make this Return. *Wilmer Brinton, M.D.*
- Address *25 1/2 Greenmount Ave.*
- Remarks *Very "inert"*

RETURN OF A BIRTH

53132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 14 1892

4. Place of Birth, (Street and Number)

887 East Lombard St

5. Full Name of Mother,

Johanna Matzen

6. Mother's Maiden Name,

Witz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Matzen

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

George Hermann

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise E. Meyer

Address,

236 Canton Ave

Remarks,

RETURN OF A BIRTH

1882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 14th. 1882

4. Place of Birth, (Street and Number)

No. 65. Cleaveland St.

5. Full Name of Mother,

Eda Smith

6. Mother's Maiden Name,

Eda Boland

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Smith

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. M. A. Bull

Address, No. 185 P.E. cor. Central av. & Monument St.

Remarks, Well & hearty.



RETURN OF A BIRTH,

53134
5312

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

13 January

4. Place of Birth. (Street and Number)

South Street 10

5. Full Name of Mother

Elith Brauch

6. Mother's Maiden Name

Helms

7. Mother's Birthplace

Helmstedt Prussia

8. Full Name of Father

Heinrich Brauch

9. Father's Occupation

Weber

Father's Birthplace

Helmstedt Prussia

Name of Medical Attendant, or other Person who makes this return.

Bank Street 1872

Address

Remarks

Wm. Maun

RETURN OF A BIRTH

59135

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

On the _____ day of _____, 1882, at _____, the name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Leath L. Hall

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

Sunday 15

4. Place of Birth, (Street and Number)

Baltimore Light Street 651

5. Full Name of Mother,

Lissy Lacey

6. Mother's Maiden Name,

Lissy Lacey

7. Mother's Birthplace,

Birthplace Ireland

8. Full Name of Father,

Patrick Lacey

9. Father's Occupation,

working gas house

10. Father's Birthplace,

Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return

Dr. Thornton

Address,

10 1/2 York Street Baltimore

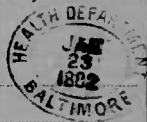
Remarks,



RETURN OF A BIRTH

53136

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, 15th of January

Place of Birth, (Street and Number) No 46 Eadg. St.

Full Name of Mother, Katharine Müller

Mother's Maiden Name, Vogel

Mother's Birthplace, Germany

Full Name of Father, John Müller

Father's Occupation, Labor work

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, 222 N. E. Green St.

Remarks,

RETURN OF A BIRTH

53137

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. *Child of Mother, (state whether 1st, 2d, 3d, &c.)*

4

2. *Sex, (state whether male or female)*

Female

3. *Race or Color, (if not of the white race)*

4. *Date of Birth,*

Jan 15th

5. *Place of Birth, (Street and Number)*

85 Grand

6. *Full Name of Mother,*

Mary Lundy

7. *Mother's Maiden Name,*

Wright

8. *Mother's Birthplace,*

Baltimore

9. *Full Name of Father,*

Robert Lundy

10. *Father's Occupation,*

Laborer

11. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Harold Cooper

Address,

72 E Lombard

Remarks,

RETURN OF A BIRTH

5-2138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Jan 15*
4. Place of Birth, (Street and Number) *9 Battle St.*
5. Full Name of Mother, *Alvina Regal*
6. Mother's Maiden Name, *Davis*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Regal*
9. Father's Occupation, *Polisher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Harold Cooper*
- Address, *72 E. Howard*
- Remarks,

RETURN OF A BIRTH ⁵³¹³⁹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

January 15th 82

5. Place of Birth, (Street and Number)

365 West St.

6. Full Name of Mother,

Carrie Mc Mahon

7. Mother's Maiden Name, ~~Carrie Albreith~~ ~~Baltimore~~ Carrie Albreith

8. Mother's Birthplace, ..

John Mc Mahon Baltimore

9. Full Name of Father,

John Mc Mahon

10. Father's Occupation,

Gas fitter

11. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return

Mary Broh

Address, ..

1 328 J. Eutaw St.

Remarks,

men, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53140

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan. 15th 1882

4. Place of Birth (Street and Number)

170 S. Eutaw St.

5. Full Name of Mother

Helen Augusta Collison

6. Mother's Maiden Name

" " Glenn

7. Mother's Birthplace

Balto. Md.

8. Full Name of Father

William Wallace Collison

9. Father's Occupation

Store Keeper

10. Father's Birthplace

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Lucy Cupshur

Address

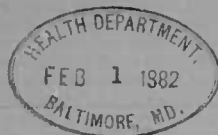
150 S. Eutaw Street

Remarks

RETURN OF A BIRTH

38141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

15th of January 1902

4. Place of Birth, (Street and Number)

Oak St.

5. Full Name of Mother,

Mary Moore

6. Mother's Maiden Name,

" Holman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edwin Moore

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Charles E. Engle

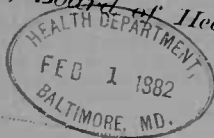
Address,

367 Cathedral St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

female
colored
15th Parkway
No 7 Peach Alley
Susanne Coughman
Susanne Banks
Charles County Va
John Coughman
Pondor
Essex County Va
Amelia White
Solomon St No 10

RETURN OF A BIRTH

591113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

Jan. 15. 1882

Philadelphia Road No. 1.

Margarette Summer

Frederick

Bavaria

Georg Summer

Prussia

Bavaria

Wm. Feb. Bauhach

St. Paul St. No. 14

591111

RETURN OF A BIRTH

58144

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

4. Date of Birth,

January 15th 1882

5. Place of Birth, (Street and Number)

189th St. Bittel St

6. Full Name of Mother,

Caroline Schriver

7. Mother's Maiden Name,

" Stolbe

8. Mother's Birthplace,

Germany.

9. Full Name of Father,

Andreas Schriver

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

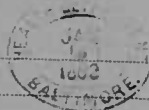
1120 Bank St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11, 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15th 82
4. Place of Birth, (Street and Number) No 3 McDermit Court
5. Full Name of Mother, Martha McGee
6. Mother's Maiden Name, " Jamison
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James McGee
9. Father's Occupation, Fruit Dealer
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Frank A. G. Meyer Md
- Address, No 7 So. High St.
- Remarks,



RETURN OF A BIRTH

53146

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 15th 1882.

4. Place of Birth, (Street and Number)

76 S. Cary St.

5. Full Name of Mother,

Elizabeth Thorne -
Crichton

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Michael S. Thorne

8. Full Name of Father,

Iron Moulder.

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

John P. White, M.D.
342 N. Broadway

Address,

Remarks,

RETURN OF A BIRTH, 53147

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth 15 of January 1882.

4. Place of Birth, (Street and Number) Whitcoat St No. 47 1882

5. Full Name of Mother Mary Whitten

6. Mother's Maiden Name Mary Evans

7. Mother's Birthplace Maryland county md

8. Full Name of Father George Whitten

9. Father's Occupation Farmer

Father's Birthplace Baltimore County md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Carrall.

Address 12 Patterson Ave. No. 12.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53148

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *Jan 15 1882*
4. Place of Birth, (Street and Number) *3 Souter St*
5. Full Name of Mother, *Henry Wilmore*
6. Mother's Maiden Name, *Misty Scott*
7. Mother's Birthplace, *Eastern Shore*
8. Full Name of Father, *Robert Wilmore*
9. Father's Occupation, *Stagecoach*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Guindia Woodard*
- Address, *138 Register St*
- Remarks, *J. B.*

RETURN OF A BIRTH

53149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 15th 1882

4. Place of Birth, (Street and Number)

1124 Randall St

5. Full Name of Mother,

Roda M. Halliday

6. Mother's Maiden Name,

Roda M. Cook

7. Mother's Birthplace,

England

8. Full Name of Father,

John Halliday

9. Father's Occupation,

Edge Cook Worker

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

Theodore C. Cook M.D.

Address,

146 Ben Avenue

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53150

RETURN OF A BIRTH

52150

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

2. Sex, (state whether male or female) Girl

3. Race or Color, (if not of the white race) White

4. Date of Birth, 15 January

5. Place of Birth, (Street and Number) 10 Essex St.

6. Full Name of Mother, Lucie Green

7. Mother's Maiden Name, L. Buckley

8. Mother's Birthplace, Fredrick City

9. Full Name of Father, John W. Green

10. Father's Occupation, Engineer

11. Father's Birthplace, Cumberland Maryland

Name of Medical Attendant, or other Person who makes this Return M. Suckor

Address, 10 Essex St.

Remarks, 11

52151

RETURN OF A BIRTH

53151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Jan. 15th 1882
4. Place of Birth (Street and Number) 40 Oregon St. Cor. Lombard St.
5. Full Name of Mother Emma Cecelia Bachman
6. Mother's Maiden Name Henry
7. Mother's Birthplace Baltimore
8. Full Name of Father William Walter Bachman
9. Father's Occupation Paper Hanger
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. H. W. Weber M.D.
- Address 298 W. Lombard St.
- Remarks Natural Labor.

Presentation. Left Occipito Iliac Anterior
Physical Condition. Healthy.

born, its or their physical condition, which at all form or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 53/53

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



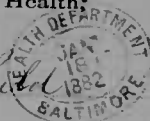
No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2nd Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January the 15th 1882
4. Place of Birth, (Street and Number) No 142 Bank Street
5. Full Name of Mother, Annil Howard Helm
6. Mother's Maiden Name, Annil Howard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John R. Helm
9. Father's Occupation, House Carpenter
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who make this Return Mrs Mary E Jimms
Address, No 171 South Washington St
Remarks,

RETURN OF A BIRTH

531511

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the first child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

January the 15th 1882

4. Place of Birth, (Street and Number)

No. 185¹ Paterson Park Avenue

5. Full Name of Mother,

Mary Rose Heil

6. Mother's Maiden Name,

Mary Rose

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Heil

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mary C. Simms

Address,

No. 171 South Washington Street

Remarks,

RETURN OF A BIRTH,

53155

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2d)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 15th 1882

4. Place of Birth, (Street and Number)

No. 219 Chas. St.

5. Full Name of Mother

Mrs. Emma Wells

6. Mother's Maiden Name

Mrs. Emma Heath

7. Mother's Birthplace

Virginia

8. Full Name of Father

Mr. Wm. J. Wells

9. Father's Occupation

Clerk

Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Mr. H. C. Lendenen M.D.

Address

No. 102 N. Broadway

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53156

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 15 th of January
4. Place of Birth, (Street and Number) No. 91 Granby St
5. Full Name of Mother, Sarah Marks
6. Mother's Maiden Name, Elbert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H. Marks
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this return Sophia Simon
- Address, No. 70 Granby St
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 15th. 1882*
4. Place of Birth, (Street and Number) *No. 241 N. Bond St.*
5. Full Name of Mother, *Maggie Weinsel*
6. Mother's Maiden Name, *Maggie May*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Kunrad Weinsel*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. Butt.*
- Address, *No 185 S.E. cor. Central av. & Monument St.*
- Remarks, *All Well*

W. & CO. CITY PRINTERS AND STATIONERS

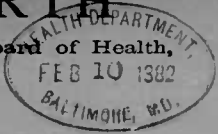
RETURN OF A BIRTH

RETURN OF A BIRTH

53158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



ORIGINAL OF CHILDREN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male (Boy)*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th January 1882*

4. Place of Birth, (Street and Number) *310 E Monument St*

5. Full Name of Mother, *Christine Herman*

6. Mother's Maiden Name, *Christine Hageron*

7. Mother's Birthplace, *310 E Monument St Baltimore Md*

8. Full Name of Father, *James A Herman*

9. Father's Occupation, *Herman with B Baron Co. Inc*

10. Father's Birthplace, *Darby, W. Hanover Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs Mary Pratt*

Address, *1857 E Monument St Baltimore Md*

Remarks, *Well & hearty*

RETURN OF A BIRTH

59159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Ernest Gail Schneisser

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,



Missing

53160 to 53165, incl.

RETURN OF A BIRTH.

53166

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) _____
 3. Date of Birth 16th January 1882
 4. Place of Birth (Street and Number) 74 Rustall
 5. Full Name of Mother Maggie Hall
 6. Mother's Maiden Name Mc Beagh
 7. Mother's Birthplace Balt.
 8. Full Name of Father Wm Hall
 9. Father's Occupation Mariner
 10. Father's Birthplace Balt.
 Name of Medical Attendant, or other Person who makes this Return. H. W. Webster
 Address 57 Bancroft
 Remarks _____

born. In or their physical condition, whether still born or not, the full name, nativity, and race of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53167

RETURN OF A BIRTH,

53167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Birth

1. Sex (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth 16 January

4. Place of Birth, (Street and Number) Ann Street No 19

5. Full Name of Mother Elisabetha Offers

6. Mother's Maiden Name " " Harris

7. Mother's Birthplace Baltimore

8. Full Name of Father August Offers

9. Father's Occupation Shipfitter

Father's Birthplace Hanover Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address Bank Street No 123

Remarks Dr. Maurer

name of the mother of such child or children.

500 161 1.40 RETURN OF A BIRTH 59168

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 16, 1882*

4. Place of Birth, (Street and Number) *370 N. Washington St.*

5. Full Name of Mother, *Mary Jackson*

6. Mother's Maiden Name, *Wickens*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Lewis Jackson*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary A. McCall*

Address *281 W. Drury St.*

Remarks



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH,

53167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Birth

1. Sex (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth 16 January

4. Place of Birth, (Street and Number) Charm Street No 19

5. Full Name of Mother Elisabetha Offers

6. Mother's Maiden Name " " Harris

7. Mother's Birthplace Baltimore

8. Full Name of Father August Offers

9. Father's Occupation Shipster

Father's Birthplace Hanover, Prussia

Name of Medical Attendant, or other Person who makes this Return.

Address Bank Street No 173

Remarks Wm. H. H. H. H.

name of the mother of such child or children.

RETURN OF A BIRTH 53168

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation,
 10. Father's Birthplace,
 Name of Medical Attendant, or other Person who makes this Return
 Address.
 Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16 January

4. Place of Birth, (Street and Number) 247 Gayette Street

5. Full Name of Mother, Frances Rule

6. Mother's Maiden Name, Harshel

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John Rule

9. Father's Occupation, heavy wagon driver

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Roger Kelly
1045 N. Howard St.
Baltimore

RETURN OF A BIRTH

53170

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 16th 82

4. Place of Birth, (Street and Number)

87 West St.

5. Full Name of Mother,

Carrie Schaefer

6. Mother's Maiden Name,

Brookheimer

7. Mother's Birthplace,

Hessen Darmstadt.

8. Full Name of Father,

Fred. Schaefer

9. Father's Occupation,

Cropper

10. Father's Birthplace,

Hessen Darmstadt.

Name of Medical Attendant, or other Person who makes this Return

Mary Brook

Address,

328 S. Eglar St.

Remarks,

RETURN OF A BIRTH 53171

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
2. Sex, (state whether male or female) Baltimore City
3. Race or Color, (if not of the white race) Girl white
4. Date of Birth, January 16
5. Place of Birth, (Street and Number) 71 China Est. Co. of Hennrich St.
6. Full Name of Mother, Helene Christina Margaretha Fiedrich
7. Mother's Maiden Name, Luthaus
8. Mother's Birthplace, Adrup Amt Bismarck Deutschland
9. Full Name of Father, Herman Heinrich Fiedrich
10. Father's Occupation, Liquor Store
11. Father's Birthplace, Gehrde Amt Bismarck Deutschland
- Name of Medical Attendant, or other Person who makes this return Prof. M. M. M.
- Address, 1, Landerburg St.
- Remarks,

RETURN OF A BIRTH,

53172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 16th 1892

4. Place of Birth, (Street and Number)

12 Patterson Ave.

5. Full Name of Mother

Mollie J. McNeil

6. Mother's Maiden Name

Wray

7. Mother's Birthplace

Virginia

8. Full Name of Father

John C. McNeale

9. Father's Occupation

Stonemason

Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

W. C. Hurdman M.D.

Address

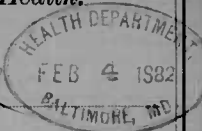
431 Penna. Ave.

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

Second
Male
White
Jan 16, 1882
843 7th Balt. St.
Marie E. Carl
Gertz
Balt.
Gaston A. C. Carl
Baker
Germany
John Hood, M.D.
322 Hollins St.

name of the mother of such child or children.

(The key)

RETURN OF A BIRTH

53174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 16 - 1882 - 4 PM

4. Place of Birth, (Street and Number)

115 W Lombard St. (Maternity)

5. Full Name of Mother,

Hannah Haige

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Germany

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

L L Bitting M.D.

Address, *115 W Lombard St.*

Remarks, *L. O. I. R. Illegitimate*

Maternity

53175

- OFF PRINTER & STATIONER - BALT

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.)

(6) Female

2. Sex, (state whether male or female)

White

3. Race or Color, (if not of the white race)

4. Date of Birth,

15th Jan

5. Place of Birth, (Street and Number)

26 McHenry St

6. Full Name of Mother,

Mable Yeagle

7. Mother's Maiden Name,

Mable Yeagle

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

William Yeagle

10. Father's Occupation,

Oyster Packer

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Mary Walter

Address,

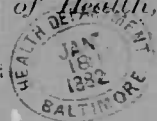
125 North Caroline St

Remarks,

RETURN OF A BIRTH

53177

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Jan'y 16. 1882.

4. Place of Birth, (Street and Number)

34 N. Baltimore St.

5. Full Name of Mother,

Mary Stuckert

6. Mother's Maiden Name,

Mary Wolf.

7. Mother's Birthplace,

New Farmstead.

8. Full Name of Father,

John Stuckert.

9. Father's Occupation,

Tobacconist

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child Healthy.

John C. Powell M.D.
237 E. Calver Ave.

RETURN OF A BIRTH

53178

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Male



2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

Jan 16th 1882

5. Place of Birth, (Street and Number)

1016 44th St

6. Full Name of Mother,

Elizabeth Schaeffer

7. Mother's Maiden Name,

Schomm

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Julius Schaeffer

10. Father's Occupation,

Tailor

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer Dr. midwife

Address,

330 Hunover St

Remarks,

DULANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

53179

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, whether still born or not, the full name, nativity, and residence of the parents, and the given name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Boy

2. Race or Color (if not of the white race)

White

3. Date of Birth

Monday morning Jan 16th 1882

4. Place of Birth (Street and Number)

13 Valley St.

5. Full Name of Mother

Minnie Murphy

6. Mother's Maiden Name

Mama Oliver

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Jos. Murphy

9. Father's Occupation

Stone Letter

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

William Brewster M.D.

Address

25 1/2 Greenmount Ave.

Remarks

Very Pretermature

RETURN OF A BIRTH

53180

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



NOTE, Fill up this form, and send it to the Registrar of the Health Department, Baltimore, Md.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *colored Male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *Jan 16th 1882*
4. Place of Birth, (Street and Number) *North St. 13*
5. Full Name of Mother, *Josephine Brown*
6. Mother's Maiden Name, *Josephine Smith*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Ezekiel Brown*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *Charleston*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Charlotte Gouldbrough
No 89 Broadway.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

January 16th 1882

4. Place of Birth, (Street and Number)

St. N. Gay St

5. Full Name of Mother

Annie Mary Eiders

6. Mother's Maiden Name

Bahls

7. Mother's Birthplace

Germany

8. Full Name of Father

Jourad Eiders deceased

9. Father's Occupation

Porter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this return.

D. W. McManis

Address

1212 Gay St Baltimore

Remarks

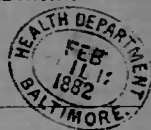
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

53152

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 10th 1885

4. Place of Birth, (Street and Number)

130 W. Broadway

5. Full Name of Mother

Fannie Benesch

6. Mother's Maiden Name

Lampshire

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Isaac Benesch

9. Father's Occupation

Dealer in Furniture &c

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this return.

D. W. Stouffer

Address

280 E. 1st St. Baltimore

Remarks

53183

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 17th 1882

4. Place of Birth (Street and Number)

38 Ohio St.

5. Full Name of Mother

Artridge Douglas

6. Mother's Maiden Name

"Tydings

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Geo. Douglas

9. Father's Occupation

Private Waiter

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return

Wm. B. Hider

Address

87 Mulberry St.

Remarks

Within six days hereafter, stating distinctly the name of birth, sex, and date of birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53154

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17 May 1882*
4. Place of Birth, (Street and Number) *120 Landvale*
5. Full Name of Mother, *Fannie W Taylor*
6. Mother's Maiden Name, *Wigfall*
7. Mother's Birthplace, *Calx*
8. Full Name of Father, *Benj Louis Taylor*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other person who makes this Return

C B Hambleton

Address,

59 Cathedral

Remarks,

RETURN OF A BIRTH

53185

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
Jan 17 1882
172 East St.
Julia Killeen
Capick
Irish
John Killeen
Physician
Irish
Edward J. McDevitt
168 N. Calvert St.

RETURN OF A BIRTH

53186

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 17th 1882*

4. Place of Birth, (Street and Number) *No. 96 North Tucker St*

5. Full Name of Mother, *Carrie Cook Ulrick*

6. Mother's Maiden Name, *Carrie Cook*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frederick Ulrick*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Amanda C. Taylor M.D.*
or other Person who makes this Return

Address, *No. 97 North Tucker St*

Remarks,

DULANEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

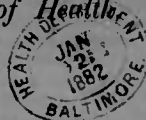
53187

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 17th

4. Place of Birth, (Street and Number)

Baltimore 103 Lancaster St

5. Full Name of Mother

Minnie Jay

6. Mother's Maiden Name

Minnie Lightman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Will Jay

9. Father's Occupation

Lab. work

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Harry A. Webb

Address

101 Lancaster St

Remarks

RETURN OF A BIRTH, 53155

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



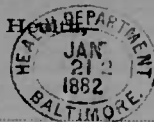
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth the 11 of Jan
4. Place of Birth, (Street and Number) 6226 Hoffman St
5. Full Name of Mother Kath. Diduch
6. Mother's Maiden Name Kath. Diduch
7. Mother's Birthplace Germany
8. Full Name of Father Joseph W. Diduch
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant or other person who makes this Return Mrs. Christina Tamer
- Address 177 Harker St.
- Remarks 1582

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Male Child*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *January 18, 1882*
 4. Place of Birth, (Street and Number) *Prigast St. N. 127*
 5. Full Name of Mother, *Albertine Withenson*
 6. Mother's Maiden Name, *Albertine Heramo*
 7. Mother's Birthplace, *Richmond County, N. Virginia U.S.*
 8. Full Name of Father, *John Withenson*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Halifax County, N. Virginia U.S.*
- Name of Medical Attendant, or other Person who makes this return *May E. Miller*
- Address *11 Dallas St. N. E. C.*
- Remarks

RETURN OF A BIRTH

53190

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

White

3. Date of Birth, *January 18 1882*

4. Place of Birth, (Street and Number) *Eden St. No 114*

5. Full Name of Mother, *Mary Ganner*

6. Mother's Maiden Name, *Mary Ganner*

7. Mother's Birthplace, *Lancaster, Pa. Gr. Britt. Europe*

8. Full Name of Father, *Harold Ganner*

9. Father's Occupation, *Clark*

10. Father's Birthplace, *Lancaster, Pa. Gr. Britt. Europe*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *11 Galloway St. No 114*

Remarks,

RETURN OF A BIRTH

53191

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *January 17th 1882*

4. Place of Birth, (Street and Number) *North Alley # 38*

5. Full Name of Mother, *Addie L. Ennalls*

6. Mother's Maiden Name, *Addie L. Ennalls*

7. Mother's Birthplace, *Easton, Md*

8. Full Name of Father, *James Taylor*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Denton, Md*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Sarah Pennyton*

Address, *North Alley # 38 Balt Md*

Remarks, *Asper St & 380. Balt Md*

RETURN OF A BIRTH

53192

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



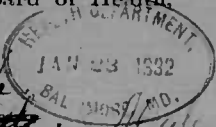
of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *17 January*
 4. Place of Birth, (Street and Number) *112 Schroeder St*
 5. Full Name of Mother, *Emily Helen Miller*
 6. Mother's Maiden Name, *Emily Helen Strampton*
 7. Mother's Birthplace, *Baltimore Maryland*
 8. Full Name of Father, *John Miller Ashton*
 9. Father's Occupation, *Coach, painter*
 10. Father's Birthplace, *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Miss G. Smith*
- Address, *66 Schroeder St.*
- Remarks,

RETURN OF A BIRTH

53193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fourth
Female.
White.
17th Jan. 1882.
33 W. Annet Street.
Jane Dignan.
McGowan.
Baltimore.
James Dignan.
Hackman.
Baltimore.

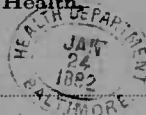
Mrs. Luntz
No 66 Schneider St.

RETURN OF A BIRTH

53194

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

2. Sex, (state whether male or female) female

3. Race or Color, (if not of the white race) white

4. Date of Birth, 17 January

5. Place of Birth, (Street and Number) 2879 Jefferson street

6. Full Name of Mother, Maria Hoffman

7. Mother's Maiden Name, " Lucas

8. Mother's Birthplace, Baltimore

9. Full Name of Father, August Kohnman

10. Father's Occupation, Carpenter

11. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mr. Reid M. Liggett
45 Hollands Street
Baltimore Md

RETURN OF A BIRTH

53195

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11 January 4*
4. Place of Birth, (Street and Number) *Baltimore Md. Spring chs. St. 144*
5. Full Name of Mother, *Ida Kaffner*
6. Mother's Maiden Name, *Ida Kleinmeyer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Gustav Kaffner*
9. Father's Occupation, *Cabinet maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Quine*
- Address, *Cleek st. Belair rd.*
- Remarks,

53196

BALTIMORE CITY.



Feb 11

- J. M. Miller M.D.
of Chicago

RETURN OF A BIRTH.

53197

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)...

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

January 17th 1881 - 4 AM

5. Place of Birth, (Street and Number)

161 W Lombard St (Maternity)

6. Full Name of Mother,

Kate DeGruchy

7. Mother's Maiden Name,

" O'Donnald

8. Mother's Birthplace,

Ireland

9. Full Name of Father,

Philip DeGruchy

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant,

or other person who
makes the Return

L. L. Butting M.D

Address,

161 W Lombard St (Maternity)

Remarks,

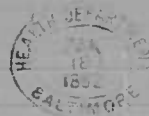
R. O. J. Ant - J. P. H. Forceps

Child 10 1/2 lbs -

RETURN OF A BIRTH 53198

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 17th
4. Place of Birth, (Street and Number) No 392 Canton Ave
5. Full Name of Mother, Emily Larsen
6. Mother's Maiden Name, Thiede
7. Mother's Birthplace, Germany
8. Full Name of Father, John Larsen
9. Father's Occupation, Laborer
10. Father's Birthplace, Norway
- Name of Medical Attendant, or other Person who makes this return Mrs. Gitzke
- Address, No 55 S Bond st
- Remarks,

RETURN OF A BIRTH 52199

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race)
4. Date of Birth, *17th of January*
5. Place of Birth, (Street and Number) *No 7 Broadway*
6. Full Name of Mother, *Louisa Heigert*
7. Mother's Maiden Name, *Bessinger*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Jakob Heigert*
10. Father's Occupation, *Shoemaker*
11. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Sophia Simon*
- Address, *115 No. 70 Franklin St*
- Remarks



RETURN OF A BIRTH.

53200

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 17th 1882

4. Place of Birth (Street and Number)

215 1/2 High Street

5. Full Name of Mother

Amelia Muesel

6. Mother's Maiden Name

Amelia Fried

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Bernhardt Muesel

9. Father's Occupation

City Merchant

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Muesel

Address

862 E. High St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH.

5921

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether Male or Female) *girl*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *17 January*
4. Place of Birth (Street and Number) *Essex st. number 33*
5. Full Name of Mother *Rosalie Richter*
6. Mother's Maiden Name *Theodoroff Pacaran*
7. Mother's Birthplace *Rosalia Paep*
8. Full Name of Father *Conrad Richter*
9. Father's Occupation *Beer Brewery Dead*
10. Father's Birthplace *Theodoroff*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Ludegar*
- Address *10 10 Essex street*
- Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

53202

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 17th 1887

4. Place of Birth, (Street and Number)

91 Johnson & Hobbs St

5. Full Name of Mother

Marianna Friedberg

6. Mother's Maiden Name

Rauch

7. Mother's Birthplace

Germany

8. Full Name of Father

Peter Friedberg

9. Father's Occupation

Cabinet Maker

Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. C. Blum

Address

220 E. Bay St. Baltimore

Remarks

RETURN OF A BIRTH

53203

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

34

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 19th 1882

4. Place of Birth, (Street and Number)

18 Forrest Ave Balto Md.

5. Full Name of Mother,

Ellen Baby

6. Mother's Maiden Name,

Ellen Kattray

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Henry Baby

9. Father's Occupation,

Brass Finisher

10. Father's Birthplace,

Phila.

Name of Medical Attendant, or other Person who makes this Return

Anna Hellegers

Address

1826 Monument St

Remarks.

RETURN OF A BIRTH,

GIVEN NAME ADDED 10-9-52

53204
53205

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

Name: Margaret Ann Vogelsang



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) Twins Female
2. Race or Color, (if not of the white race) White
3. Date of Birth January 18th 1882
4. Place of Birth, (Street and Number) N^o 526 South Charles st
5. Full Name of Mother Marion Vogelsang
6. Mother's Maiden Name Marion Clark
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Vogelsang
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Katharine Hornum
- Address N^o 18 Byrd st
- Remarks

MADE IN THE OFFICE OF THE REGISTRAR OF BIRTHS AND DEATHS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth 1st Jan'y 1892
4. Place of Birth (Street and Number) 149 Hager St
5. Full Name of Mother Elizabeth Adams
6. Mother's Maiden Name Whittington
7. Mother's Birthplace Balt
8. Full Name of Father Chas T. Adams
9. Father's Occupation Telegraph Operator
10. Father's Birthplace Ind.
Name of Medical Attendant, or other Person who makes this Return. H. W. Webster
Address 57 Bunn
Remarks _____

RETURN OF A BIRTH

59207

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Every child born in Baltimore City shall be registered by the Registrar of Vital Statistics, Board of Health, within the time specified in the following form, and the mother or other person who makes this return shall be liable to a fine of not more than \$100 for each child not so registered.

1. Sex, (state whether male or female) *3rd child female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *18th Day Jan 1882*
 4. Place of Birth, (Street and Number) *49 Bosc St*
 5. Full Name of Mother, *Luciah Ann Stenvers*
 6. Mother's Maiden Name, *Luciah Ann Journey*
 7. Mother's Birthplace, *Boothall Kent Co Md*
 8. Full Name of Father, *John W. Stenvers*
 9. Father's Occupation, *carpenter*
 10. Father's Birthplace, *Boothall Kent Co Md*
- Name of Medical Attendant, or other Person who makes this return *Mrs Wiley*
- Address, *No 12 Pattersons Barb. Ave*
- Remarks,

RETURN OF A BIRTH 59208

RETURN OF A BIRTH

53208

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan. 18 1882

4. Place of Birth, (Street and Number)

East Ave No 139

5. Full Name of Mother,

Laura Hayes

6. Mother's Maiden Name,

Laura McCalister

7. Mother's Birthplace,

Balt city md

8. Full Name of Father,

William Hayes

9. Father's Occupation,

Freight Conductor B & O R.R

10. Father's Birthplace,

Berlin Prussia Co mo

Name of Medical Attendant, or other Person who makes this Return

C. Hinton

Address,

666 S. Charles St

Remarks,

53208

name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
female
colored
January 18 1892
1133 Harrison

Elizabeth Hall
William Hall

Charles H. Hall
25 S. Baltimore St.

Born before time passed from
Living Aunt

RETURN OF A BIRTH

53210

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.

2. Sex, (state whether male or female)

Boy.

3. Race or Color, (if not of the white race)

White.

4. Date of Birth,

15th of January 1882.

5. Place of Birth, (Street and Number)

No. 9 Port. street.

6. Full Name of Mother,

Annie Wolf.

7. Mother's Maiden Name,

Annie Sapp.

8. Mother's Birthplace,

Baltimore.

9. Full Name of Father,

Adam Sapp.

10. Father's Occupation,

Barber.

11. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel.

Address,

71 North Chappel street per Justina Kunkel

Remarks,

Healthy.

RETURN OF A BIRTH

53211

RETURN OF A BIRTH,

53211

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 18 1882

4. Place of Birth, (Street and Number)

309 North Bond

5. Full Name of Mother

Freda E. Eismann

6. Mother's Maiden Name

Leroy J. Mitchell

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George W. Eismann

9. Father's Occupation

Capt. Inspector

Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Amanda Apparine

Address

378 East Monument St

Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53212

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Wednesday morning the 18th*
4. Place of Birth (Street and Number) *276 Mc. Donogh Street*
5. Full Name of Mother *Susan Richardson*
6. Mother's Maiden Name *Susan Brown*
7. Mother's Birthplace *Louisiana county Virginia*
8. Full Name of Father *Daniel Richardson*
9. Father's Occupation *Tray man*
10. Father's Birthplace *State of Virginia west molen county*
- Name of Medical Attendant, or other Person who makes this return *Therester Glasco*
- Address *Mc Gladry street extended*
- Remarks *They are good health*

RETURN OF A BIRTH,

53219

the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Name of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 Sex, (state whether male or female) Male
 Color, (if not of the white race) white race
 Date of Birth January the 18th
 Place of Birth, (Street and Number) Baltimore Battery at No 222
 Name of Mother Anne Dudley
 Maiden Name Anne Vincent
 Birthplace Baltimore
 Name of Father Joseph William Dudley
 Occupation House Carpenter
 Birthplace Alexander Va
 Medical Attendant, or other Person who makes this Return. Elizabeth Lathorn
William St No 344

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53214

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth

January 18th 1882.

4. Place of Birth (Street and Number)

No. 21 Bradford St.

5. Full Name of Mother

Sally Bosley.

6. Mother's Maiden Name

Sally Horner.

7. Mother's Birthplace

Somerset County, Md.

8. Full Name of Father

Edward Bosley.

9. Father's Occupation

Car Maner.

10. Father's Birthplace

Baltimore.

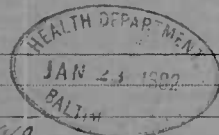
Name of Medical Attendant, or other Person who makes this Return.

S. P. Harrington.

Address

No. 65 Cambridge.

Remarks



within six days thereafter, stating distinctly the date of birth, the sex, the name, nativity, and residence of the child, its or their physical condition, whether still born or not, the full name of the mother of such child or children of the parents, and the place of birth of the mother.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 18th 1882

4. Place of Birth (Street and Number)

No 12 McKim Street

5. Full Name of Mother

Sarah Heath

6. Mother's Maiden Name

Sarah Reed

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Erwin Henry Heath

9. Father's Occupation

Cycle Dealer

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return

James E. Whitford M.D.

Address

#195 Argillite street

Remarks

RETURN OF A BIRTH

53916

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

to, in, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

~~Dec 18 1891~~ Jan, 18th 92

4. Place of Birth, (Street and Number)

R. # 318. Cross St.

5. Full Name of Mother,

Rose Wade

6. Mother's Maiden Name,

" Strotman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Louis Wade.

Father's Occupation,

Carter, D.C.

D.C.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Kroh.

Address,

328. f. Eutan St.

Remarks,

RETURN OF A BIRTH

53217

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) *64*
Female
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 18th 82*
4. Place of Birth, (Street and Number) *# 60. Portland St*
5. Full Name of Mother, *Annie Vollman*
6. Mother's Maiden Name, *Rodeman*
7. Mother's Birthplace, *Sachsen*
8. Full Name of Father, *Arish. Vollman*
9. Father's Occupation, *Shoe maker*
10. Father's Birthplace, *Sachsen*
- Name of Medical Attendant, or other Person who makes this Return *Mary Hook*
- Address, *# 328 J. Eutaw St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

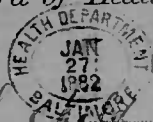
Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53219

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

January 18th

4. Place of Birth, (Street and Number)

224 Margaret Mary

5. Full Name of Mother,

Suzanna Maddix

6. Mother's Maiden Name,

Suzanna Strickley

7. Mother's Birthplace,

Colbert County, Md

8. Full Name of Father,

William Maddix

9. Father's Occupation,

Walter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who
makes this Return.

Mrs Lydia Porter

Address,

no 4 patisco avenue

Remarks,

Healthy child

RETURN OF A BIRTH

53220

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

January 18th

4. Place of Birth, (Street and Number)

no 89 Wilemally

5. Full Name of Mother,

Jessanna Williams

6. Mother's Maiden Name,

Jessanna Williams

7. Mother's Birthplace,

georgetown, Va

8. Full Name of Father,

Henry Blake

Father's Occupation,

labourer

10. Father's Birthplace,

georgetown, Md

Name of Medical Attendant, or other Person who make this Return.

Mrs Lydia Porter

Address,

no 9 North 10 Avenue

Remarks,

healthy child

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



within six days (accompanying a card containing the name, date of birth, sex, color, and the maiden name of the mother of such child or children.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first male

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 18 1882

4. Place of Birth, (Street and Number)

No 63 Myrtle Ave

5. Full Name of Mother,

(Krug) Hedwig Steermann

6. Mother's Maiden Name,

Hedwig Steermann

7. Mother's Birthplace,

Reichenberg Sachsen Oldenburg

8. Full Name of Father,

Fred. August Krug

9. Father's Occupation,

Leb-Schmidt

10. Father's Birthplace,

Reichenberg Oldenburg

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. J. J. J.

Address,

35 North Ave

Remarks,

RETURN OF A BIRTH

1899

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *January 18th 1882*
5. Place of Birth, (Street and Number) *No. 81 E. High Street*
6. Full Name of Mother, *Mary Kate Brown*
7. Mother's Maiden Name, *Mary Kate Bryan*
8. Mother's Birthplace, *Baltimore County*
9. Full Name of Father, *John G. Brown*
10. Father's Occupation, *Justice of the Peace*
11. Father's Birthplace, *Baltimore Maryland*
12. Name of Medical Attendant, or other Person who makes this Return *Mary X. Factor Midwife*
13. Address, *No. 125 N. Caroline Street*
14. Remarks,

1899

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53228

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth January 18 1882
4. Place of Birth (Street and Number) no 16 Cary St Bal
5. Full Name of Mother Mary E Jones
6. Mother's Maiden Name Mary E Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father George M Jones
9. Father's Occupation Gold Miner
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs J Hays
Address 991 Pratt St Baltimore
Remarks

RETURN OF A BIRTH

53224

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 h*
 2. Sex, (state whether male or female) *White*
 3. Race or Color, (if not of the white race) *Pinnery 18/82*
 4. Date of Birth, *11 Elmon St*
 5. Place of Birth, (Street and Number) *Sarah E. Caneck*
 6. Full Name of Mother, *" " Foreman*
 7. Mother's Maiden Name, *Maid. Med*
 8. Mother's Birthplace, *Jacob Amy Caneck*
 9. Full Name of Father, *Sail Maker*
 10. Father's Occupation, *Baltimore*
 11. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *D. S. Spencer M.D.*
 Address *387 W. Lombard St*
 Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

John Christian **BALTIMORE CITY.**



- Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 19 1882*
4. Place of Birth, (Street and Number) *18 Greenmount Ave*
5. Full Name of Mother, *Fizzie Kempf*
6. Mother's Maiden Name, *Fizzie Scherphole*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Kempf*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. John Scherphole*
- Address, *45 Greenmount*
- Remarks,

RETURN OF A BIRTH

58996

RETURN OF A BIRTH

53926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) S. G.
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Jan. 18, 1882
4. Place of Birth, (Street and Number) W. Delaplace No. 74
5. Full Name of Mother, Theresa Mary
6. Mother's Maiden Name, Wheeler
7. Mother's Birthplace, Balt.
8. Full Name of Father, John J. Wheeler
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return Wm. J. B. B. B.
- Address W. Delaplace No. 74
- Remarks _____

RETURN OF A BIRTH 53927

RETURN OF A BIRTH

53227

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19th January 1882*

4. Place of Birth, (Street and Number) *23 Leadenhall Street Hamburg & Cross.*

5. Full Name of Mother, *Carolina Neubauer.*

6. Mother's Maiden Name, *Carolina Schultze*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Neubauer*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Miss Minch, No. 1 Leadenhall.*

Address.....

Remarks.....

In the presence of the mother, and the maiden name of the mother of such child or children.

W. & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

53228

name of the mother of such child or children.

RETURN OF A BIRTH,

53228

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 15th 1882

4. Place of Birth, (Street and Number)

336 Penn. Ave.

5. Full Name of Mother

Elenora K. Chenoweth

6. Mother's Maiden Name

Payton

7. Mother's Birthplace

Balta. City Md.

8. Full Name of Father

Wm. E. Chenoweth

9. Father's Occupation

Undertaker

10. Father's Birthplace

Balta. City Md.

Name of Medical Attendant, or other Person who makes this Return.

W. J. Christian M.D.

Address

431 Penn. Ave.

Remarks

RETURN OF A BIRTH

RETURN OF A BIRTH, 53229

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth January 18th 1882

4. Place of Birth, (Street and Number) no 50 Frederick Avenue

5. Full Name of Mother Sophias Peters

6. Mother's Maiden Name Sophie Albert

7. Mother's Birthplace Baltimore, Md

8. Full Name of Father George Louis Peters

9. Father's Occupation Stone Keeper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address no 5 Franklin St.

Remarks _____

name of the mother of such child or children, the name, age, sex, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53230

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Fill in the name of the mother of such child or children.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

The 5th Child
male

January 18th 1882
501. W Baltimore Str
Lizzie Bachmann
Lizzie Keson
Baltimore
Louis Bachmann
Merchant Tailor
German
Mrs. Schbach
Gratte Str

Name of Medical Attendant, or other Person who makes this Return
Address,
Remarks,

RETURN OF A BIRTH

53231

RETURN OF A BIRTH

53231

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Jan 18th 1882.*
 4. Place of Birth, (Street and Number) *178 South Park St.*
 5. Full Name of Mother, *Jennie W. Hieronemus*
 6. Mother's Maiden Name, *Jennie W. Mitchell*
 7. Mother's Birthplace, *Illinois*
 8. Full Name of Father, *Louis Hieronemus*
 9. Father's Occupation, *Farmer*
 10. Father's Birthplace, *Baltimore Co. Md.*
 Name of Medical Attendant, or other Person who makes this Return *A. C. Fox, M.D.*
 Address, *467 W. Payette St.*
 Remarks, *This was a premature birth at seven months.*

RETURN OF A BIRTH

53239

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 18th 1882

4. Place of Birth, (Street and Number)

1016 87 Randall st

5. Full Name of Mother,

Anna Keszler

6. Mother's Maiden Name,

Larush

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jacob Keszler

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Lohrman midwife

Address.

330 Hanover st.

Remarks,

RETURN OF A BIRTH, 1893

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth January 18/1892

4. Place of Birth, (Street and Number) 22 fountain street

5. Full Name of Mother Mary J. Conner

6. Mother's Maiden Name Mary J. Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father John H. Conner

9. Father's Occupation Car maker

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153

Address Collington avenue

Remarks

RETURN OF A BIRTH

52231

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... Jan'y 18, '82

4. Place of Birth, (Street and Number)..... #16 Canton Ave

5. Full Name of Mother,..... Lizzie Winterling

6. Mother's Maiden Name,..... Vogeler

7. Mother's Birthplace,..... Baltimore

8. Full Name of Father,..... Geo. Winterling

9. Father's Occupation,..... Schaeffer

10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other Person who makes this Return,..... A. P. Erich M.D.

Address,..... 914 S Broadway

Remarks,

RETURN OF A BIRTH

53235

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 13th 1882

4. Place of Birth, (Street and Number)

358 Ransom St

5. Full Name of Mother,

T. Louisa A. Haddock

6. Mother's Maiden Name,

Henry

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

George Haddock

9. Father's Occupation,

Labourer at Paper Sign Store

10. Mother's Birthplace,

Pennsylvania

Name of Medical Attendant,

or other Person who makes this Return.

M. J. Leman

Address,

485 W. Mc Henry St

Remarks,

Strong Child

RETURN OF A BIRTH,

53236

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female) Female white

2. Race or Color, (if not of the white race) colored

3. Date of Birth 13 of January

4. Place of Birth, (Street and Number) 1127 1/2 Union ally

5. Full Name of Mother Anna Chapman

6. Mother's Maiden Name Anna Bright

7. Mother's Birthplace Eastern Shore

8. Full Name of Father J. H. Chapman

9. Father's Occupation Bricklayer

Father's Birthplace Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Midwife Harriet Brecken

Address 1127 1/2 Union ally

Remarks

name of the mother of such child or children

RETURN OF A BIRTH, 53237

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 19th 1882

4. Place of Birth, (Street and Number)

21st 49th Abbey Alley

5. Full Name of Mother

Nance Wilson

6. Mother's Maiden Name

Nance Andrew

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Wilson

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Sweden

Name of Medical Attendant, or other Person who makes this Return.

Esther Horner

Address

1st 18 Byrd st

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53238

RETURN OF A BIRTH, ⁵³²³⁸ ₅₃₂₃₇

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 and 5th

1. Sex (state whether male or female) Twins male and female

2. Race or Color, (if not of the white race) White

3. Date of Birth January 19th 1882

4. Place of Birth, (Street and Number) 21st 40 Byrd st

5. Full Name of Mother Catherine Kump

6. Mother's Maiden Name Catherine Schneek

7. Mother's Birthplace Germany

8. Full Name of Father John Kump

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Kump

Address 21st 40 Byrd st

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53240

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19th of January 1882*
4. Place of Birth, (Street and Number) *South East Corner Pratt and W. 4th*
5. Full Name of Mother, *Filly Rosenbauer*
6. Mother's Maiden Name, *Filly Harkemiller*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *August Harkemiller*
9. Father's Occupation, *Paper Hanger*
10. Other's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. C. Kunkel*
- Address, *11 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*

AND BY CITY REGISTER AND ATTENDANT

RETURN OF A BIRTH

53241

RETURN OF A BIRTH, 53241

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth 19 Jan 1882

4. Place of Birth, (Street and Number) 388 Stricker St

5. Full Name of Mother Cecelia Timmons Myers

6. Mother's Maiden Name Cecelia Timmons

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Jas. Henry Myers

9. Father's Occupation painter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Carroll

Address 7 Palmer Ave.

Remarks

name of the mother of such child or children.

53241

RETURN OF A BIRTH.

53249

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11.*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 21 1882*

4. Place of Birth (Street and Number) *Corners of Lexington and Madison*

5. Full Name of Mother *Mary Weber*

6. Mother's Maiden Name *Mary Kelley*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Weber*

9. Father's Occupation *Fireman*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Am E. Bell*

Address *1017 N. Chester Street*

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53243

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 17 1882

4. Place of Birth, (Street and Number) No 462 Fremont Street

5. Full Name of Mother, Emma Mahe

6. Mother's Maiden Name, Emma Gargy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Stahl

9. Father's Occupation, Boat Maker

10. Father's Birthplace, Antwerp, Ga

Name of Medical Attendant, or other Person who makes this Return, Alex E. Schmitt

Address, No 118 Penna Avenue

Remarks,

53244

RETURN OF A BIRTH

53244

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Jan. 19th 1882*
5. Place of Birth, (Street and Number) *Baltimore Bartlett St. N. 23*
6. Full Name of Mother, *Ella. Graves*
7. Mother's Maiden Name, *Degrapp*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Walter Graves*
10. Father's Occupation, *Seaboard*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, *Mrs. C. Mitchell*
or other Person who makes this Return
13. Address, *N. E. 28. Parker St.*
14. Remarks,

RETURN OF A BIRTH

53245

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

4
Moore

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

Jan 19

5. Place of Birth, (Street and Number)

8 Laurel
Caroline Pressing

6. Mother's Maiden Name,

Spimmel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Pressing

9. Father's Occupation,

Cabinet-maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Geo. Gasper

Address,

72 E. Lombard

Remarks,

53246

born, its or their physical condition, whether still born or not, its full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53246

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *One Child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *January 19 1882*
4. Place of Birth (Street and Number) *Baltimore Md. N. Mulberry St.*
5. Full Name of Mother *Rachel Ann Watkins*
6. Mother's Maiden Name *Rachel Ann Simms*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Clarkson Watkins*
9. Father's Occupation *Manufacture of Indian pulchus*
10. Father's Birthplace *Washington D.C.*
Name of Medical Attendant, or other Person who makes th's Return. *Sophia Johnson*
Address *92 St. Paul St.*
Remarks

53247

RETURN OF A BIRTH

53247

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

4. Date of Birth,

Jan 19th

5. Place of Birth, (Street and Number)

12 Lombard
Ebersheim

6. Full Name of Mother,

Lowe

7. Mother's Maiden Name,

Baltimore

8. Mother's Birthplace,

9. Full Name of Father,

McGee

10. Father's Occupation,

Driver

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Charles Gasper

Address,

12 E. Lombard

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53248

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 19th 82

4. Place of Birth (Street and Number)

SE in Schooner & Lexington St

5. Full Name of Mother

Mary A. Elphring

6. Mother's Maiden Name

Fisher

7. Mother's Birthplace

Balt

8. Full Name of Father

Wm. H. Elphring

9. Father's Occupation

Book Keeper

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address

39 N. Carey St

Remarks

53249

HEALTH DEPARTMENT
JAN 27 1982
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st, 2d, 3d, (6c.) 4
Female

White

January 18

born in Callinsport, no 110 Pennsylvania Ave

Mary & Elizabeth Le Thompson
August

Sumax

Baltimore City

W₂ R de Lhomf

upholster

Charleston West Virginia

1 New Townsend
38 Second Ave

Remarks,

RETURN OF A BIRTH.

53250

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

January 19 1882

4. Place of Birth (Street and Number)

no 11 Jordan alley

5. Full Name of Mother

Ania ~~Bornish~~ Bennett

6. Mother's Maiden Name

ania bornish

7. Mother's Birthplace

not dorchester CO md

8. Full Name of Father

James Thomas Bennett

9. Father's Occupation

Oyster Shucker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ludwig bornish

Address

13 Jordan alley

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53257

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

2. Sex, (state whether male or female)

Girl

3. Race or Color, (if not of the white race)

White

4. Date of Birth, Jan 1882

5. Place of Birth, (Street and Number), Balto. Anton st No 15

6. Full Name of Mother, Kate Stisha

7. Mother's Maiden Name, Kate Bulenik

8. Mother's Birthplace, Bohemia

9. Full Name of Father, J. J. Stisha

10. Father's Occupation, Laborer

11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this return, Mary Probst

Address, 29 N Washington st

Remarks, Mary Probst

RETURN OF A BIRTH

53252

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

2. Sex, (state whether male or female) male

3. Race or Color, (if not of the white race) white

4. Date of Birth, 19 January 1882

5. Place of Birth, (Street and Number) Paul Street 138

6. Full Name of Mother, Elise Raspe

7. Mother's Maiden Name, Elise Kienhoefer

8. Mother's Birthplace, Stuttgart - Germany

9. Full Name of Father, E. Paul Raspe

10. Father's Occupation, Barber

11. Father's Birthplace, Bsen - Germany

Name of Medical Attendant, or other Person who make this Return Dr. F. Reinhard

Address, 224 West Fayette Street

Remarks,

Record, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

59253

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

19 January

4. Place of Birth (Street and Number)

248

5. Full Name of Mother

Lissa E. Ellis

6. Mother's Maiden Name

Lissa Smith

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

solomon E. Ellis

9. Father's Occupation

operator, chuckee

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Dr Susan Butler

Address

222 West St

Remarks

RETURN OF A BIRTH

53254

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female)
3. Race or Color, (if not of the white race)
4. Date of Birth, *Jan. 19. 1892*
5. Place of Birth, (Street and Number) *W. 1st St. No. 117*
6. Full Name of Mother, *Ida Vera*
7. Mother's Maiden Name, *Bernhardt*
8. Mother's Birthplace, *Balt.*
9. Full Name of Father, *Sam. S. S. S.*
10. Father's Occupation, *Blacksmith*
11. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

RETURN OF A BIRTH, 53255

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth
 1. Sex (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth January 19th 1882
 4. Place of Birth, (Street and Number) 448 N. Calhoun St.
 5. Full Name of Mother Mary E. Anderson
 6. Mother's Maiden Name Taylor
 7. Mother's Birthplace Balto. City Md.
 8. Full Name of Father R. T. Anderson
 9. Father's Occupation Carpenter
 10. Father's Birthplace Prince George Co. Md.
 Name of Medical Attendant, or other Person who makes this Return. Dr. Christian M.D.
 Address 431 Penna Ave
 Remarks

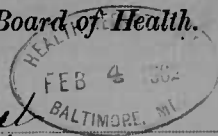
RECEIVED BY THE OFFICE OF THE CLERK OF THE CITY OF BALTIMORE.

RETURN OF A BIRTH.

53256

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

19 January 1884

4. Place of Birth (Street and Number)

294 Lombard St

5. Full Name of Mother

Rosie

6. Mother's Maiden Name

Irish

7. Mother's Birthplace

Maryland

8. Full Name of Father

Benjamin F. White

9. Father's Occupation

Rebber

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. M. Smith, M.D.

Address

53256

Remarks

name of the mother of such child or children.

12054

RETURN OF A BIRTH

53257

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

earlar

4. Date of Birth,

January 19th

5. Place of Birth, (Street and Number)

Chim St no 11

6. Full Name of Mother,

Francis armwood

7. Mother's Maiden Name,

caulk

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

John armwood

10. Father's Occupation,

single

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr Wilson

Address,

Waverly 194

Remarks,

53258

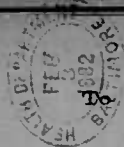
RETURN OF A BIRTH

53258

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
2. S. x. (state whether male or female) female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, Jan 19
5. Place of Birth, (Street and Number) 141 north dallas st
6. Full Name of Mother, Mary Jones
7. Mother's Maiden Name, Mary Jones
8. Mother's Birthplace, Baltimore
9. Full Name of Father, William Jones
10. Father's Occupation, Shoemaker
11. Father's Birthplace, North Carolina
12. Name of Medical Attendant, or other Person who makes this Return Mrs. Lerr Johnson
13. Address 31 Short st
14. Remarks Healthy Child



RETURN OF A BIRTH

53259

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Jan 19th 1882*
5. Place of Birth, (Street and Number) *37 Willow St*
6. Full Name of Mother, *Annie Burston*
7. Mother's Maiden Name, *Annie King*
8. Mother's Birthplace, *Delaware*
9. Full Name of Father, *John Burston*
10. Father's Occupation, *Shoe maker*
11. Father's Birthplace, *Philadelphia*
- Name of Medical Attendant, or other Person who makes this return *Sam N Hunter M.D.*
- Address, *36 Greenmount Ave*
- Remarks.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53260

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Thursday Jan. 19th 1892

4. Place of Birth (Street and Number)

96 Forest Place

5. Full Name of Mother

Annie Jenkins

6. Mother's Maiden Name

Annie L. Laagett

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

W. X. Kennedy Jenkins

9. Father's Occupation

Bookbinder

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

William Brinton M.D.

Address

25 1/2 Greenmount Ave.

Remarks

Very Pleasant

RETURN OF A BIRTH

53261

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 19th 1882*

4. Place of Birth, (Street and Number)..... *N 37 Franklin St*

5. Full Name of Mother, *Images Mary Harrison*

6. Mother's Maiden Name, *Images Mary Baughen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John B. Harrison*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *S. Carolina*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Chatard M.D.*

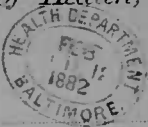
Address, *N 114 Park Ave.*

Remarks,

RETURN OF A BIRTH

59262

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 14

4. Place of Birth, (Street and Number)

Orchard St 99

5. Full Name of Mother,

Mary Brooks

6. Mother's Maiden Name,

Mary Stone

7. Mother's Birthplace,

Easton, Md

8. Full Name of Father,

William Brooks

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Richmond

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Gouldtrough

Address,

87 Morris Alley

Remarks,

RETURN OF A BIRTH

53263

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 19 1882

4. Place of Birth, (Street and Number)

14 Madison St

5. Full Name of Mother,

Melba Dorsey

6. Mother's Maiden Name,

~~Melba~~ Dorsey

7. Mother's Birthplace,

Caroline CD, MD

8. Full Name of Father,

Frank G Dorsey

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. W. Hillman

Address,

121 W. Lombard St

Remarks,

Printed name of the mother of such child or children.

JOHN B. CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

53264

RETURN OF A BIRTH

53264

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



To be filled out by the Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) _____

Male
White

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

Jan. 20th 1882

4. Place of Birth, (Street and Number) _____

Baltimore Ramsey St. N^o. 14

5. Full Name of Mother, _____

Lerna Gutrich

6. Mother's Maiden Name, _____

Leiby

7. Mother's Birthplace, _____

Washington

8. Full Name of Father, _____

John Gutrich

9. Father's Occupation, _____

Cabinet Maker

10. Father's Birthplace, _____

George Town

Name of Medical Attendant, or other Person who makes this Return _____

Mrs. C. Montebell

Address _____

N^o. 58 Parker St.

Remarks _____

53265

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53265

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

1-20-2

4. Place of Birth (Street and Number)

323 N. Central Ave

5. Full Name of Mother

Mary Elizabeth Liden Wharton

6. Mother's Maiden Name

Gordon

7. Mother's Birthplace

Balt.

8. Full Name of Father

Theo J. Wharton

9. Father's Occupation

Salesman

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Wm. M. M. M.
179 East Monument St

Address

Remarks

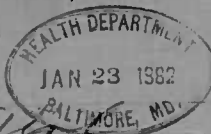
RETURN OF A BIRTH

53266

RETURN OF A BIRTH.

53266

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 20th

4. Place of Birth (Street and Number)

E. Street, N 369

5. Full Name of Mother

Mary Fowler

6. Mother's Maiden Name

Mary Houston

7. Mother's Birthplace

Ba Md

8. Full Name of Father

John M. Fowler

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Ba Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Danvers

Address

194 George St

Remarks

Mother much weaker & very feeble

born in, or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

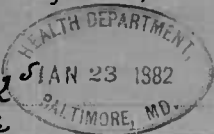
53267

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

539.67

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

January 20. 1882

4. Place of Birth (Street and Number)

62 Wm. McKen St

5. Full Name of Mother

Sarah E. Donohue

6. Mother's Maiden Name

Sarah E. Watson

7. Mother's Birthplace

Texas

8. Full Name of Father

Geo. J. Donohue

9. Father's Occupation

Greener

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

A. Paisley M.D.

Address

386 Druid Hills av.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH.

53268

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 20th 1882

4. Place of Birth (Street and Number)

71 Duncan Alley

5. Full Name of Mother

Mary Ballison

6. Mother's Maiden Name

" Brown

7. Mother's Birthplace

Ireland

8. Full Name of Father

Edward Ballison

9. Father's Occupation

Labourer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

City Lockman

Address

75 Grand St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 20th*

4. Place of Birth (Street and Number) *No 153 Madison St*

5. Full Name of Mother *Olivia M Lean*

6. Mother's Maiden Name *Olivia, Kete*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Mr. James M Lean*

9. Father's Occupation *Coachman*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address *Jane Eury No 13 Holland St*

Remarks

Learn, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth January 20th 1882
4. Place of Birth (Street and Number) 15 Parkin St
5. Full Name of Mother Mrs Delia Pendgrist Burke
6. Mother's Maiden Name Delia Pendgrist
7. Mother's Birthplace Ireland
8. Full Name of Father William J. Burke
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. J. Shelton Hill
Address 432 W. Fayette St.
Remarks

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

53271

over



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Female FLORENCE BAIRD FOCKE

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 20th 1882

4. Place of Birth (Street and Number)

211 Townsend st

5. Full Name of Mother

Rachel Healy Focke

6. Mother's Maiden Name

Rachel Healy Lehman

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

Ferdinand B. Focke

9. Father's Occupation

Salesman

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Jas. E. Gibbons M.D.

Address

47 Edmondson ave

Remarks

RETURN OF A BIRTH

53272

RETURN OF A BIRTH

53272

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Write full name of mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d child

2. Sex, (state whether male or female) M

3. Race or Color, (if not of the white race) White

4. Date of Birth, January the 20, 1892.

5. Place of Birth, (Street and Number) S. Chappel St., 1948.

6. Full Name of Mother, Sophia Bodenberger

7. Mother's Maiden Name, Sophia Raff

8. Mother's Birthplace, Balto. Md.

9. Full Name of Father, Joseph Bodenberger

10. Father's Occupation, Shoemaker

11. Father's Birthplace, Neustadt, Gr. Baden, Germany

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address, 16 S. Calver St., Balto.

Remarks,

RETURN OF A BIRTH 59273

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 20th 1882

4. Place of Birth, (Street and Number)

No 77, Camden st.

5. Full Name of Mother,

Mathilde Gebhardt

6. Mother's Maiden Name,

Roslov

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Gebhardt

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwager mit Weife
330 Hanover st

Address

Remarks

RETURN OF A BIRTH

53274

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 20 ed 1882

4. Place of Birth, (Street and Number)

No 329 Hanover st
Teresie Seibert

5. Full Name of Mother,

6. Mother's Maiden Name,

Meckring
Germany

7. Mother's Birthplace,

8. Full Name of Father,

George Seibert

9. Father's Occupation,

Musicians
Germany

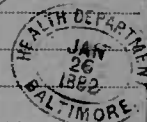
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

J. Schussner midwife
330 Hanover st

Remarks,



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53275

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20 of January 1892

4. Place of Birth, (Street and Number)

357 Eastern Ave

5. Full Name of Mother,

Mary Hoegle

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Hoegle

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return

Mrs. M. J. [illegible]

Address,

No 16 Patterson Park Ave.

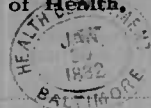
Remarks,

RETURN OF A BIRTH

53276

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

January 20th

5. Place of Birth, (Street and Number)

14 Ave. N. Baltimore

6. Full Name of Mother,

M. E. Schmidt

7. Mother's Maiden Name,

M. E. Wolf

8. Mother's Birthplace,

Baltimore Md.

9. Full Name of Father,

J. L. Schmidt

10. Father's Occupation,

Superior

11. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Madam Keisler

Address,

Frederick St. Baltimore Md.

Remarks,

of the parents, and the maiden name of the mother of each child of illegitimacy.

RETURN OF A BIRTH

53277

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

2. Sex, (state whether male or female)

Girl

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

20th Jan 1882

5. Place of Birth, (Street and Number)

Bolton Thames St No 16

6. Full Name of Mother,

Mary Krish

7. Mother's Maiden Name,

Mary Krish

8. Mother's Birthplace,

Bohemia

9. Full Name of Father,

Joseph Krish

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Krish

Address,

69 N. Lexington

Remarks,

Mary Krish

B. CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

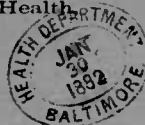
53278

RETURN OF A BIRTH

53278

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

2. Sex, (state whether male or female) Boy

3. Race or Color, (if not of the white race) White

4. Date of Birth, 20th Jan 1882

5. Place of Birth, (Street and Number) Balto Dallas No -

6. Full Name of Mother, Barbara Iroloda

7. Mother's Maiden Name, B. Martineh

8. Mother's Birthplace, Bohemia

9. Full Name of Father, Jas. Iroloda

10. Father's Occupation, Tailor

11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return May Draptul

Address, 69 Washington St

Remarks, May Draptul

RETURN OF A BIRTH

53279



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th January

4. Place of Birth, (Street and Number)

203 Hudson Street

5. Full Name of Mother,

Mollie Smith

6. Mother's Maiden Name,

Mollie Pfister

7. Mother's Birthplace,

York Pa

8. Full Name of Father,

James Andrew Smith

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Gallens

Address,

104 Curley Street Camden

Remarks,

53280

RETURN OF A BIRTH

53250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan'y 20/82

4. Place of Birth, (Street and Number)

con. East. av. & Duncan alley

5. Full Name of Mother,

Mary Jane Swift

6. Mother's Maiden Name,

" Knith

7. Mother's Birthplace,

Bald. city

8. Full Name of Father,

Luke Swift

9. Father's Occupation,

Fuel Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 S. Broadway

Remarks,

RETURN OF A BIRTH

53251

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 20th. 1882

4. Place of Birth, (Street and Number) No 3. Union Court

5. Full Name of Mother, Amelia Griffin

6. Mother's Maiden Name, Amelia Nelson

7. Mother's Birthplace, Richmond

8. Full Name of Father, John Griffin

9. Father's Occupation, Woods Carrier

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return Dr. J. Butt

Address No. 185. S. E. cor. Central av. & Monument St.

Remarks All Well

12789

RETURN OF A BIRTH

53282

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 20th 1882

4. Place of Birth, (Street and Number)

244 Montgomery St

5. Full Name of Mother,

Anna M. H. Sedgwick

6. Mother's Maiden Name,

Anna M. Match

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Comelius M. Sedgwick

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Desodys Cooks MD

Address,

146 Harmer St

Remarks,

RETURN OF A BIRTH

53253

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *1*

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

January 20 - 1882

161 W Lombard St

Iida Ellis

"Baltimore", Md

L. L. Bittling M.D.
161 W Lombard St
L. O. Iida - Illegitimate R.P.H.

53254

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 20, 1882*

4. Place of Birth (Street and Number) *827 W Lombard St*

5. Full Name of Mother *Louisa Rausch Haase*

6. Mother's Maiden Name *Louisa Rausch*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Robt Haase*

9. Father's Occupation *Shoemaker*

10. Father's Birthplace *German*

Name of Medical Attendant, or other Person who makes this Return. *James M. M. M.*

Address *319 Walling St*

Remarks

education, whether still born or not, the full name, maiden, and residence of the mother, and the name of the mother of such child or children.

RETURN OF A BIRTH

53255

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



2^d of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan'y 20. 1882

4. Place of Birth, (Street and Number)

80 Maryland ave

5. Full Name of Mother,

Rosa J. Akers

6. Mother's Maiden Name,

" " McAbbe

7. Mother's Birthplace,

md.

8. Full Name of Father,

J. Robert Akers

9. Father's Occupation,

R.R. employe (carpenter)

10. Father's Birthplace,

Va

Name of Medical Attendant, or other Person who makes this Return

Chas Lane Draveyhouse

Address.

129 N. Bidwell St.

Remarks.

53286

RETURN OF A BIRTH

53286

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2nd
Female
White

January 20. 1882

131 E. Baltimore St.

Eliza A. Raymo

Eliza A. Gallaway

Maryland

Lewis H. Raymo

Clark

Maryland

J. W. Honck M.D.

75 E. Baltimore St.



53287

RETURN OF A BIRTH,

59287

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Baltimore

4. Place of Birth, (Street and Number)

110 Blueanna st

5. Full Name of Mother

Maggie Thiesler

6. Mother's Maiden Name

Maggie Piclander

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edmund Thiesler

9. Father's Occupation

Labuany

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. S. Juhl

Address

101 Lancaster st

Remarks

name of the mother of such child or children.

59287

RETURN OF A BIRTH.

53281

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Eight*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 21st 1882.*

4. Place of Birth (Street and Number) *21019 Fern. Alley.*

5. Full Name of Mother *Sarah Shepherd*

6. Mother's Maiden Name *Sarah Perkins*

7. Mother's Birthplace *New Field England.*

8. Full Name of Father *George Shepherd*

9. Father's Occupation *Fire Man.*

10. Father's Birthplace *New Brunswick.*

Name of Medical Attendant, or other Person who makes this Return.

Mrs. A. M. E. Ball

Address

121 So. Charles St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

33219

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2 boy Will Brown

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

21 January

4. Place of Birth, (Street and Number)

2061 Orleans St East

5. Full Name of Mother,

Ida Quinn

6. Mother's Maiden Name,

Ida Wallace

7. Mother's Birthplace,

deak island sumerset

8. Full Name of Father,

William Quinn

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Prince George County

Name of Medical Attendant, or other Person who makes this Return.

Henry John Hayward

Address,

Remarks,

326 Orleans St East

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

33290

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

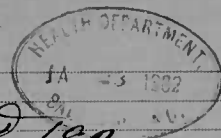
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Jan 21st 1892.
33 S. High St.
Mary E. Chaney
Mary E. Chaney
Baltimore, Maryland
Charles W. Chaney
Farmer
Baltimore City
John A. Chaney, M.D.
City.

RETURN OF A BIRTH

53291

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Brown complexion*

3. Date of Birth, *January 21st 1882*

4. Place of Birth, (Street and Number) *No. 2 Ivy St.*

5. Full Name of Mother, *Julia Turner*

6. Mother's Maiden Name, *Jones*

7. Mother's Birthplace, *Richmond Va.*

8. Full Name of Father, *Philip Turner*

9. Father's Occupation, *Wheeler*

10. Father's Birthplace, *Richmond Va.*

Name of Medical Attendant, or other person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St.*

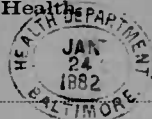
Remarks,

RETURN OF A BIRTH

33292

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of each person, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 January
4. Place of Birth, (Street and Number) 173 Lombard St
5. Full Name of Mother, Ella Jefferson
6. Mother's Maiden Name, " Park
7. Mother's Birthplace, Jefferson + Balt. Md.
8. Full Name of Father, William Jefferson
9. Father's Occupation, Engineer
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return Dr. Rose Allen
- Address, 173 Lombard St
- Remarks, Bapt M.

RETURN OF A BIRTH

53293

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 21
1882
St. Pratt
Ginnig's Machinery

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Pierce
Thos. C.
Edward Mahony
Restaurant
Melroad
Sarah Cooper
12 E. Lombard

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

On the contrary, that the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Ella May Hausman 28
 of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth, ..

January 21st 82

4. Place of Birth, (Street and Number)

75 Portland St.

5. Full Name of Mother,

Dora Haneman

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob Haneman

9. Father's Occupation,

Drayman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Brook

Address, ..

328 E. Entom St.

Remarks,

Print the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53293

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 21st/82

4. Place of Birth, (Street and Number) 77 Union Hill Avenue

5. Full Name of Mother, Mary Ann Jones

6. Mother's Maiden Name, Mary Ann Gale

7. Mother's Birthplace, Maryland

8. Full Name of Father, Peter Jones

9. Father's Occupation, Painter

10. Father's Birthplace, Maryland

Name of Medical Attendant, M. B. Griffith

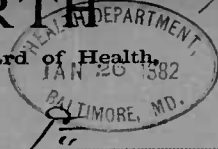
Address, 160 N. Madison St

Remarks,

53296

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White

January 21 1882

306 Hammer St

Emma Heller

Emma Heller

City

Anna Heller

Mechanic

City

J. B. Todd M.D.

50 Hammer St

Registration, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

Third

Male

White

Jan. 21/82.

No. 11 Clinton Ave.

Martha Jane Munnell

Weaver

Amesbury Co. Md.

Joseph E. Munnell

Engineer

Mary Esther

H. A. Kettnerhoff M.D.

205 W. Redoubt St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



In last column, give the maiden name of the mother of each child or children.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 21st 1882.*
4. Place of Birth, (Street and Number) *No. 535 Bond St*
5. Full Name of Mother, *Mary Olendorf*
6. Mother's Maiden Name, *Ebeck*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Olendorf*
9. Father's Occupation, *Physician*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Gelzke*
- Address, *No. 535 Bond St*
- Remarks, _____

RETURN OF A BIRTH

53299

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 21-1882*
4. Place of Birth, (Street and Number) *No. 118 Hollins St*
5. Full Name of Mother, *Katie Barbara Dohme.*
6. Mother's Maiden Name, *Herbert.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *John Cornelious Dohme.*
9. Father's Occupation, *Cigar-maker.*
10. Father's Birthplace, *Harrisburg, Pa.*
- Name of Medical Attendant, or other Person who makes this Return, *Chas. E. Kings M.D.*
- Address, *224 Saratoga St*
- Remarks,

53291

name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 21

4. Place of Birth, (Street and Number)

Bethel St

5. Full Name of Mother

Meale Gephart

6. Mother's Maiden Name

Mrs. J. Miller

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Gephart

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mary A. Smith

Address

101 Lancaster St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the father's, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21st day of January 1882*
4. Place of Birth, (Street and Number) *352 Madison and 30 Baltimore City*
5. Full Name of Mother, *Gizzie Rosenthal*
6. Mother's Maiden Name, *Gizzie Haven*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Chas. E. Rosenthal*
9. Father's Occupation, *Carpenter and Box Maker*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who make this Return *Mrs Wiley*
- Address, *No 16 Patterson Park Ap*
- Remarks,

RETURN OF A BIRTH

1331-1

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

Child
Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

21 of January 1882

4. Place of Birth, (Street and Number)

W. port at

5. Full Name of Mother,

Leania E. Zippel

6. Mother's Maiden Name,

Leania E. Ehardt

7. Mother's Birthplace,

Baltimore Germany

8. Full Name of Father,

George Zippel

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. Wiley
1518 Patterson Park No.

Address,

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) _____

3. Date of Birth 21st June 1882

4. Place of Birth (Street and Number) 165 Hanover st

5. Full Name of Mother Mary E Adams

6. Mother's Maiden Name Mitchell

7. Mother's Birthplace Balt

8. Full Name of Father Sidney T Adams

9. Father's Occupation Telegraph Operator

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. A. W. Webster

Address 57 Burnett

Remarks _____

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

53314

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

21st Jan 1882

4. Place of Birth (Street and Number)

362 Mallory

5. Full Name of Mother

Edith Bangs

6. Mother's Maiden Name

Zimmerman

7. Mother's Birthplace

Balt.

8. Full Name of Father

Frank Bangs

9. Father's Occupation

Clerk

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

J. W. Webster

Address

57 B'nier st

Remarks

RETURN OF A BIRTH

53315

RETURN OF A BIRTH, 53305

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2d)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 21st 1882

4. Place of Birth, (Street and Number)

N. W. Cor. Eden - Hampstead

5. Full Name of Mother

Mrs. Margaret Glaser

6. Mother's Maiden Name

Mrs. M. Popp

7. Mother's Birthplace

Baltimore County, Maryland

8. Full Name of Father

Capt. Edward Glaser

9. Father's Occupation

Mariner

Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

W. H. Glendinen, M.D.

Address

No. 102 N. Broadway

Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 21st 1882

4. Place of Birth (Street and Number)

134 N. Egleston St

5. Full Name of Mother

Abbie M Robinson

6. Mother's Maiden Name

Murphy

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Robert H. Robinson

9. Father's Occupation

Physician

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Same as Birth

Address

134 N Egleston St

Remarks

City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Jan. 21. 1882
L. Register No 73
Elizabeth Becker
Geph
Balt.
Henrich Becker
Carpenter
Balt.
Mrs. J. K. Kaulbach
217 W. 1st St No 14

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Infant of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

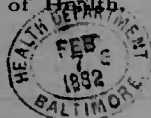
Remarks,

1st
Male
White
Jan 21st, 1882
677 N. E. St
Marion E Key
Marion E Smith
Baltimore Md
Banker
Max Moker
Venezia
Theodore Cork Md
146 N. Annapolis St

RETURN OF A BIRTH

53309

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

7
Male

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

January 21/92
1202 Gough St

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

Katharine Reihl

7. Mother's Maiden Name,

Krawling

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

George Reihl

10. Father's Occupation,

Captain

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise C Kraft

Address,

1236 Canton Ave

Remarks,

RETURN OF A BIRTH

33311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

2. Sex, (state whether male or female) male

3. Race or Color, (if not of the white race) white

4. Date of Birth, Jan'y 21. 1882

5. Place of Birth, (Street and Number) 130 ~~Myrtle ave~~ Myrtle ave

6. Full Name of Mother, Linda McFrederick

7. Mother's Maiden Name, Lepson

8. Mother's Birthplace, md

9. Full Name of Father, James H McFrederick

10. Father's Occupation, Police officer

11. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return G Lane Taneyhill

Address, 129 W Biddle

Remarks,

RETURN OF A BIRTH

53314

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht

3. Date of Birth, Jan 21. 1882

4. Place of Birth, (Street and Number) North ave near N.C.R.R.

5. Full Name of Mother, Fanny E Kane

6. Mother's Maiden Name, " " Lynch

7. Mother's Birthplace, Md.

8. Full Name of Father, Edward Kane

9. Father's Occupation, Grocer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, G Lane Tanapine

Address, 129 W. 2nd St

Remarks, child was born at 7 mo + 3 weeks gestation. lived
two days only.

53319

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

name of the mother of such child or children.

born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

53313

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 22/82

4. Place of Birth (Street and Number)

45 E. Monument

5. Full Name of Mother

Rosanna Daly

6. Mother's Maiden Name

Rosanna Remolds

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Jno. L. Daly

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return.

Jno. H. Smith M.D.
313 E. Charles St.

Address

Remarks

RETURN OF A BIRTH

5331/1

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Light complexion*
 3. Date of Birth, *January 22nd 1882*
 4. Place of Birth, (Street and Number) *18 Ohio St.*
 5. Full Name of Mother, *Mary Francis Brown Jones*
 6. Mother's Maiden Name, *Brown*
 7. Mother's Birthplace, *Annapolis Md.*
 8. Full Name of Father, *Wm Henry Jones*
 9. Father's Occupation, *Cyster Licker*
 10. Father's Birthplace, *Baltimore Co. Md.*
 Name of Medical Attendant, or other Person who makes this Return, *Freda Johnson*
 Address, *4 Hamilton St.*
 Remarks,

RETURN OF A BIRTH

13315

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

Colored Race

4. Date of Birth,

177 Collins St

5. Place of Birth, (Street and Number)

Jan 22 1892

6. Full Name of Mother,

Sall Collins

7. Mother's Maiden Name,

Bell Collins

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Johannes Collins

10. Father's Occupation,

Graveman

11. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Lucindia Woolford

Address,

130 Registar St

Remarks,

Remarks

RETURN OF A BIRTH

53311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January, 22 1882*
4. Place of Birth, (Street and Number) *# 221 Hanover St*
5. Full Name of Mother, *Annie Beilage.*
6. Mother's Maiden Name, *" Gmther*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *Bernhardt Beilage*
9. Father's Occupation, *Grocery dealer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mary Kroh*
- Address, *# 325 f. E. Howard St*
- Remarks,



RETURN OF A BIRTH

53317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Smith

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 22nd 1892

4. Place of Birth, (Street and Number)

* 301 Eastern Avenue

5. Full Name of Mother,

Mrs. Anna Hurley

6. Mother's Maiden Name,

Miss Anna Carroll

7. Mother's Birthplace,

Charles County Md.

8. Full Name of Father.

Major Hurley

9. Father's Occupation,

Captain of Eng. Co.

10. Father's Birthplace,

Charles County Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Carroll

Address,

1215 E. Pratt St.

Remarks,

53318

RETURN OF A BIRTH

53315

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Sixth

Female

White

January 22nd 1892

No 8 Canton Street

Mrs Mary Nagler

Miss Mary McKee

Baltimore City

George Nagler

Laborer

Baltimore City

Mrs Rachel A. Garrett

No 65 Burke Street

53319

RETURN OF A BIRTH

53319

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 32

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 24 1892

4. Place of Birth, (Street and Number) 41 No 20

5. Full Name of Mother, Lizzy Smith

6. Mother's Maiden Name, Lizzy Brothman

7. Mother's Birthplace, West River

8. Full Name of Father, Schollie Smith

9. Father's Occupation, Laborer

10. Mother's Birthplace, later

Name of Medical Attendant, or other Person who makes this Return. Schollie Smith and Wife

Address, No 18 South

Remarks,

RETURN OF A BIRTH 53321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 22nd 1882
4. Place of Birth, (Street and Number) No 82 Central Ave
5. Full Name of Mother, Anne Underwood
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lawrence Underwood
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes the Return Mrs. G. Etzler
Address, No 35 A Bond St

Remarks,

name of the mother of such child or children.

RETURN OF A BIRTH,

53321

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

116 1

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

the 22 of Jan

4. Place of Birth, (Street and Number)

112 102 Summit

5. Full Name of Mother

Mary German

6. Mother's Maiden Name

Mary Herbert

7. Mother's Birthplace

Green Spring, Vt., Bate, Conn.

8. Full Name of Father

John J. Herbert

9. Father's Occupation

Laber

10. Father's Birthplace

Baltimore, City

Name of Medical Attendant, or other Person who makes this return.

Address

Mrs. Christina Lamer

Remarks

112 Harper st

1882

RETURN OF A BIRTH

53322

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



See the instructions, how to fill out this return, on the mother of each child or children.

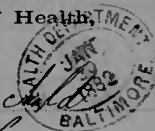
1. Sex, (state whether male or female) 4 Child
1 Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of January 1882
4. Place of Birth, (Street and Number) No 5 Cambridge St
5. Full Name of Mother, Sarah Nagel
6. Mother's Maiden Name, Malo
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Nagel
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Dr. Wiley
- Address, No 12 Patterson Park St
- Remarks,

RETURN OF A BIRTH

53323

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 tenth

Sex, (state whether male or female) male

Race or Color, (if not of the white race) White

Date of Birth, 22 Jan 1882

Place of Birth, (Street and Number) Baltimore Eastern Ave 441

Full Name of Mother, Henriette Butschke

Mother's Maiden Name, Bungan

Mother's Birthplace, Baltimore county

Full Name of Father, Henry Butschke

Father's Occupation, Railroad Employee

Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs. Wiley Park No 12 Patterson

Remarks.

RETURN OF A BIRTH, 53324

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 22nd 1892

4. Place of Birth, (Street and Number) 166 E. Bay St

5. Full Name of Mother Hannah Creaghan

6. Mother's Maiden Name McGarty

7. Mother's Birthplace Ireland

8. Full Name of Father Matthew Creaghan

9. Father's Occupation Milk Dealer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. Brooke & Co

Address

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 53325

RETURN OF A BIRTH

53325

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th.

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

January 22d, 1:20 P. M.

4. Place of Birth, (Street and Number)

#443 W. Pratt Street.

5. Full Name of Mother,

Elizabeth M. C. Cartney

6. Mother's Maiden Name,

Russell

7. Mother's Birthplace,

Washington D. C.

8. Full Name of Father,

John M. Cartney

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other person who makes this return.

Dr. J. A. DeLoe

Address, 1 E. Cor. Columbia Ave. & Fremont St.

Remarks, Child in good physical condition, & living

of the parents, and the maiden name of the mother of such child or children.

PRINTED BY THE BALTIMORE CITY

RETURN OF A BIRTH

53326

RETURN OF A BIRTH,

53326

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth January 22nd 1882
 4. Place of Birth, (Street and Number) 11 Baker St.
 5. Full Name of Mother Caroline Fennemaier
 6. Mother's Maiden Name Mary
 7. Mother's Birthplace Germany
 8. Full Name of Father Joseph Fennemaier
 9. Father's Occupation Painter
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this Return. Dr. Christian M.D.
 Address 421 Hanna Ave.
 Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53327

RETURN OF A BIRTH, 53327

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan: 22d 1882

4. Place of Birth, (Street and Number)

No. 83 Park St.

5. Full Name of Mother

Lily Hanson Falconer

6. Mother's Maiden Name

Lily Hanson Dodge

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Alexander Falconer

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

H. P. Wilson Jr

Address

146 Park St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

1932

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race). *Brown Skin*
3. Date of Birth, *January 22nd*
4. Place of Birth, (Street and Number) *39 Stockhallim Street*
5. Full Name of Mother, *Laurelia Powell*
6. Mother's Maiden Name, *Laurelia Norris*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *William J. Powell*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *West River*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. H. Hally*
- Address, *No. 22 Stockhallim Street*
- Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53329

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the full name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 22nd 1892*

4. Place of Birth, (Street and Number) *No 253 N. Central st.*

5. Full Name of Mother, *Kate Himmelheber*

6. Mother's Maiden Name, *Kate Thinsman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frederick Himmelheber*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *W. A. Butts*

Address *185 P. E. cor. Central st & Monument St.*

Remarks *All Well*



BALTIMORE & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

53329

Consolidation, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 53331

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 22nd 1882

4. Place of Birth, (Street and Number)

183 N. Eden St

5. Full Name of Mother

Mary Ann Hamman

6. Mother's Maiden Name

Shuler

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Hamman

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

D. D. Stewart M.D.

Address

208 North Carroll St

Remarks

Stillborn

RETURN OF A BIRTH

53331

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Miss Cassel 2d child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

23 January

17 Chestnut alley

4. Place of Birth, (Street and Number)

Mary Katherine Cassel

5. Full Name of Mother,

6. Mother's Maiden Name,

Mary Katherine Wiegand
Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

George Bamrueck

Father's Occupation,

Brick maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss Innerfield

Address,

Remarks,

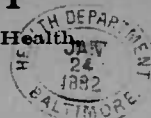
12220

RETURN OF A BIRTH

13332

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

2. Sex, (state whether male or female) male

3. Race or Color, (if not of the white race) white

4. Date of Birth, 29 January

5. Place of Birth, (Street and Number) 43 1/2 North Street

6. Full Name of Mother, Mary Ann Stewart

7. Mother's Maiden Name, Lummus

8. Mother's Birthplace, Balt. Md.

9. Full Name of Father, William Stewart

10. Father's Occupation, Doctor

11. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Rosa Young

135 North Street
Balt. Md.

RETURN OF A BIRTH

593311

Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Mother, (state whether 1st, 2d, 3d, &c.).

First -
Female

Whether male or female.

or, (if not of the white race)

Birth,

Jan 23rd 1882
490 N Bond Street

Birth, (Street and Number)

of Mother,

Ella Whittle -

maiden Name,

Ella Stone -

Birthplace,

Virginia

of Father,

Richard W Whittle

Occupation,

Druggist

Birthplace,

Baltimore

Medical Attendant, or other Person who makes this Return.

Samuel B. Powell

No 29 Gissnah St.

Period of Uterine gestation 8 months

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53995

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

54

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 23^d 82

4. Place of Birth, (Street and Number)

140 Cross St.

5. Full Name of Mother,

Maggie Gaele

6. Mother's Maiden Name,

Fassel

7. Mother's Birthplace,

Hesse-Hessen

8. Full Name of Father,

Peter Geisle.

Father's Occupation,

Restaurant

10. Father's Birthplace,

Hesse-Hessen.

Name of Medical Attendant, or other Person who makes this Return

Mary Stroh.

Address,

1132 S. E. E. St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

59396

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 23rd 82

4. Place of Birth, (Street and Number)

278. f. Charles St.

5. Full Name of Mother,

Mary Schneivogel

6. Mother's Maiden Name,

" Mason

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Max Schneivogel

Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Hook

Address,

Mary Hook #328 f. Eutan St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53337

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 23 1882

4. Place of Birth, (Street and Number) No 394 S Charles St

5. Full Name of Mother, Rose J. Lee

6. Mother's Maiden Name, Rosa Randolph

7. Mother's Birthplace, Balt city md

8. Full Name of Father, Wm E. J. Lee

9. Father's Occupation, Plasterer

Father's Birthplace, Balt city md

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No 666 S Charles St

Remarks.



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53338

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

—

3. Date of Birth,

23. January

4. Place of Birth, (Street and Number)

No 58 Central Ave

5. Full Name of Mother,

Lina Knott

6. Mother's Maiden Name,

Wigert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Knott

9. Father's Occupation,

Barman

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sophia Simon

Address,

No 70 Grant St.

Remarks,

RETURN OF A BIRTH

53339

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *Jan 28 1882*

4. Place of Birth, (Street and Number) *178 Belhel St*

5. Full Name of Mother, *Maryanna Scott*

6. Mother's Maiden Name, *Maryanna Camel*

7. Mother's Birthplace, *Potomac County Virginia*

8. Full Name of Father, *Edward Scott*

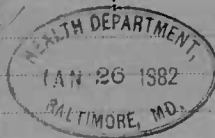
9. Father's Occupation, *Gravestone*

10. Father's Birthplace, *Potomac County*

Name of Medical Attendant, or other Person who
has this Return

Address, *136 N. 2nd St*

Remarks, *No. 136 N. 2nd St*



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53340

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 25, 1891

4. Place of Birth, (Street and Number)

N. Beshel St. No. 183

5. Full Name of Mother,

Barbara Schoppeler

6. Mother's Maiden Name,

Barbara Franz

7. Mother's Birthplace,

Bald. Co.

8. Full Name of Father,

Christoph Schoppeler

9. Father's Occupation,

Upkaldner

Father's Birthplace,

Bald. Co.

Name of Medical Attendant,

or other Person who makes this return

Harry E. Shultz

Address,

R. Dallas St. No. 183

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53341

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(6)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23rd January

4. Place of Birth, (Street and Number)

436 Mulberry

5. Full Name of Mother,

Annie A Smith

6. Mother's Maiden Name,

Annie Leonly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Smith

9. Father's Occupation,

Provision Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary Walter

Address,

125 North Caroline St

Remarks,

53342

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) 3 males
2. Race or Color (if not of the white race) White
3. Date of Birth January 23, 1882
4. Place of Birth (Street and Number) No 4 Wilhelms St Bal
5. Full Name of Mother Mary E Gumpman
6. Mother's Maiden Name Mary E Lee
7. Mother's Birthplace Baltimore
8. Full Name of Father John W Gumpman
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore County
- Name of Medical Attendant, or other Person who makes this Return. Mid J Kelly
- Address 992 Pratt St Bal
- Remarks

RETURN OF A BIRTH

53313

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, January 23rd 1882.

4. Place of Birth, (Street and Number) 52 Pratt st.

5. Full Name of Mother, Bertha Hainey

6. Mother's Maiden Name, Tally

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Hainey

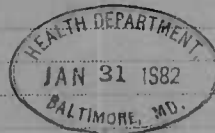
9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 113 E. Lombard st.

Remarks,



RETURN OF A BIRTH

133411

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



THIS IS THE PLACE FOR THE SIGNATURE OF THE MOTHER OF SUCH CHILD OR CHILDREN.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return
Address,
Remarks,

Second
Male
White
Jan 23d 1882
357 1/2 Madison Ave
Ella Jane Jones
Iran
Baltimore
Harry R Jones
Clerk
Baltimore
Elias C. Price M.D.
262 Mead. Ave.

born. In or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

52345

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

23rd Jan'y 1892

4. Place of Birth (Street and Number)

145 Johnson

5. Full Name of Mother

Hannah Clabaugh

6. Mother's Maiden Name

Milner

7. Mother's Birthplace

Balt.

8. Full Name of Father

J. H. Clabaugh

9. Father's Occupation

machinist

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

H. W. Webster M.D.

Address

57 Barron

Remarks

53346

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "FEB 2 1882" is stamped. The stamp is slightly faded and has a textured appearance.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

- 3.
- Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

- 10 Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

RETURN OF A BIRTH

53347

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, January 23d 1882

4. Place of Birth, (Street and Number) 547 Boston Ave

5. Full Name of Mother, Elizabeth Moak

6. Mother's Maiden Name, Hecker

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Moak

9. Father's Occupation, Grocer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

53348

born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

53348

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1 white

1. Sex (state whether Male or Female)

girl white

2. Race or Color (if not of the white race)

colored

3. Date of Birth

23. Jan. 1882

4. Place of Birth (Street and Number)

Ridgely Court No. 5.

5. Full Name of Mother

Susan Young

6. Mother's Maiden Name

Susan Shorter

7. Mother's Birthplace

top-perhamie

8. Full Name of Father

William Young

9. Father's Occupation

boatman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Dilkerson

Address

Leden-hall St.

no 108

Remarks

522110

RETURN OF A BIRTH

53349

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1
1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... Jan. 23
4. Place of Birth, (Street and Number)..... 132 E. Lombard St
5. Full Name of Mother,..... Anne Chase
6. Mother's Maiden Name,..... Schiller
7. Mother's Birthplace,..... Balt. Patrick Chase
8. Full Name of Father,.....
9. Father's Occupation,..... Laborer
10. Father's Birthplace,..... Ireland
- Name of Medical Attendant, or other Person who makes this Return..... Joseph Casper
- Address,..... 24 E. Lombard St
- Remarks,.....

RETURN OF A BIRTH

53350

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

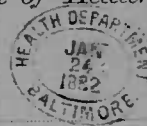


1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
2. Sex, (state whether male or female) *Female*
3. Date of Birth, *Jan 23*
4. Place of Birth, (Street and Number) *24 Hammond St*
5. Full Name of Mother, *Hanna Lang*
6. Mother's Maiden Name, *Egner*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph Lang*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return *Lorah Casper*
- Address, *21 E. Lombard St*
- Remarks,

RETURN OF A BIRTH

53351

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Light complexion*

3. Date of Birth, *January 24th 1882*

4. Place of Birth, (Street and Number) *123 W. Paul Street*

5. Full Name of Mother, *Annie Williams*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Alexander Williams*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, *or other Person who makes this Return* *Andrew Johnson*

Address, *4 Hamilton St.*

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 20 10 40 A.M.*

4. Place of Birth (Street and Number) *8 217 S. Ann St.*

5. Full Name of Mother. *James E. Spring*

6. Mother's Maiden Name *E. Brown*

7. Mother's Birthplace *Boonville, Pa.*

8. Full Name of Father *James E. Spring*

9. Father's Occupation *Fireman in U.S.A.*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *James E. Spring M.D.*

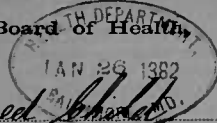
Address *100 Baltimore St.*

Remarks

RETURN OF A BIRTH ⁵³³⁵³

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Do not print, but the maiden name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Jan 24th 1882*
4. Place of Birth, (Street and Number) *43 Johnson st*
5. Full Name of Mother, *Francisca Vinger*
6. Mother's Maiden Name, *Willbergert*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Joseph Vinger*
9. Father's Occupation, *Restaurateur*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who make this Return, *Dr. Schwassner midwife*
- Address, *330 Hanover st.*
- Remarks, _____

RETURN OF A BIRTH

53354

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 24th

4. Place of Birth, (Street and Number)

148 Mulberry St,

5. Full Name of Mother,

Mar. E. Linkhorn,

6. Mother's Maiden Name,

Mar. E. Cherry

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

J. C. Linkhorn,

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

H. G. G. G.

Address,

12. Cathedral St,

Remarks,

53355

RETURN OF A BIRTH.

53353

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3-

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 24 / 82

4. Place of Birth (Street and Number)

439 N. Fayette

5. Full Name of Mother

Lara B. Hirsch

6. Mother's Maiden Name

Gist

7. Mother's Birthplace

Balto

8. Full Name of Father

S. J. H. Misch D.D.S.

9. Father's Occupation

Dentist

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address

39 N. Carey St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Information, whether or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

53356

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Born on the 24th of January 1882

4. Place of Birth, (Street and Number)

62 Frederick Ave.

5. Full Name of Mother

Birthe Globheim

6. Mother's Maiden Name

Birthe Miller

7. Mother's Birthplace

Born in Sachsen Germany

8. Full Name of Father

Charles Globheim

9. Father's Occupation

Butcher

10. Father's Birthplace

Born in City of Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address

1017

W.

1st St

Remarks

RETURN OF A BIRTH

53357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, January the 24th 1892

4. Place of Birth, (Street and Number) Barnes St. No 35

5. Full Name of Mother, Mary Schmidt

6. Mother's Maiden Name, Mary Knies

7. Mother's Birthplace, Grump. G. H. Reich. Europe

8. Full Name of Father, John Schmidt

9. Father's Occupation, Laborer

10. Father's Birthplace, Grump. G. H. Reich. Europe

Name of Medical Attendant, or other Person who makes this return, Mary E. Miller

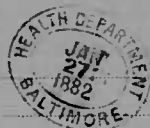
Address, 183 Dallas St. No 26

Remarks

RETURN OF A BIRTH

13358

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *(1) Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *24th Jan. 1882*
 4. Place of Birth, (Street and Number) *58 Jefferson St*
 5. Full Name of Mother, *Theresa Dora*
 6. Mother's Maiden Name, *Theresa Bowers*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charles M. Love*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Mary Walter*
- Address, *125 Caroline St*
- Remarks,

13350

RETURN OF A BIRTH

53359

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Write the full name of the mother of such child or child's name.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 of January*
4. Place of Birth, (Street and Number) *No 55 hamster and wolf*
5. Full Name of Mother, *Mary Siney*
6. Mother's Maiden Name, *Walsh*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *James Siney*
9. Father's Occupation, *a liquor store*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, *Mr Wiley*
or other Person who makes this Return
- Address, *No 12 Patterson Park*
- Remarks,

RETURN OF A BIRTH

33360

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

The number of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

2. Sex, (state whether male or female) female

3. Race or Color, (if not of the white race) white

4. Date of Birth, 24 Jan.

5. Place of Birth, (Street and Number) 49 Harrison st.

6. Full Name of Mother, Mary M. McKen

7. Mother's Maiden Name, Kerr

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Mathew McKen

10. Father's Occupation, Seamhand store

11. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Wiggins

Address, 1141

Remarks, street



RETURN OF A BIRTH

53361

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 27th Jan 1882

4. Place of Birth, (Street and Number) Balto Fayette Court No. 1

5. Full Name of Mother, Anna Masopust

6. Mother's Maiden Name, Anna Novak

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Charles Masopust

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

May Dopfisch

Address, 69 West Washington St

Remarks,

May Dopfisch

THIS IS THE ONLY PLACE WHERE A BIRTH CAN BE REGISTERED IN BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53362

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White American

3. Date of Birth

Jan. 24th 1882

4. Place of Birth (Street and Number)

Lanvale St.

5. Full Name of Mother

Margaret Tyson

6. Mother's Maiden Name

Harrison

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Mod. D. Tyson

9. Father's Occupation

Chalk

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

J. E. Lindsey M.D.

Address

167 Park W.

Remarks

The child was badly injured & removed
to the Inf. & Gen. Hospital

RETURN OF A BIRTH

53363

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Jan 24. 1892

4. Place of Birth, (Street and Number)

118 Pearl St.

5. Full Name of Mother,

Mary Ann Newman

6. Mother's Maiden Name,

" " O'Brien

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Wm. P. Newman

9. Father's Occupation,

Clerk

10. Father's Birthplace,

New York.

Name of Medical Attendant, or other Person who makes this Return

Dr. H. P. Morgan

Address,

119 W. Monument St.

Remarks,

See back of card for instructions.

RETURN OF A BIRTH

53364

RETURN OF A BIRTH

53364

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Jan 24 - 1882

5. Place of Birth, (Street and Number)

Bryke near Jefferson

6. Full Name of Mother,

Latta Vain

7. Mother's Maiden Name,

Latta Strickland

8. Mother's Birthplace,

Baltimore Md

9. Full Name of Father,

Winfield W. Vain

10. Father's Occupation,

Butcher

11. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

Dr. G. H. G. - M. H. G.

Address,

Remarks,

RETURN OF A BIRTH

53565

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Dec. 24 1888

4. Place of Birth, (Street and Number)

1 Butler St

5. Full Name of Mother,

Lizzie Billon

6. Mother's Maiden Name,

Levy Goffe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Phil Billon

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm E. Lusk

Address,

173 Chester St

Remarks,

Healthy

53266

RETURN OF A BIRTH

53366

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

1st Child
Female



2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 24th 1882

4. Place of Birth, (Street and Number)

163 Hanover st
Pauline Baker

5. Full Name of Mother,

Rotenberg

6. Mother's Maiden Name,

Ungarn

7. Mother's Birthplace,

8. Full Name of Father,

Samuel Baker

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Ungarn

Name of Medical Attendant, or other Person who makes this Return

J. Sheaffer midwife
330 Hanover st.

Address,

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2 Gabriel*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24 Jan 1882*
4. Place of Birth (Street and Number) *St Bond St N 208*
5. Full Name of Mother *Anna Blazak*
6. Mother's Maiden Name *Anna Trinken*
7. Mother's Birthplace *Bosnia*
8. Full Name of Father *Joseph Trinken*
9. Father's Occupation *Day Laborer*
10. Father's Birthplace *Bosnia*
- Name of Medical Attendant, or other Person who makes this Return. *G. A. ...*
- Address *Lavonia M. Mangel St Bond St N 328*
- Remarks *Baltimore Jan 29 / Jan 1882*

RETURN OF A BIRTH

53368

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, etc.) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 21 1882*
 4. Place of Birth, (Street and Number) *10 Pearley*
 5. Full Name of Mother, *Henrietta Buckner*
 6. Mother's Maiden Name, *Henrietta Dunker*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Matthias Buckner*
 9. Father's Occupation, *Shoe Maker*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Dr. Annie Messey*
 Address, *375 P. ...*
 Remarks,

RETURN OF A BIRTH

53369

RETURN OF A BIRTH

53369

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Jan 24 1882*
5. Place of Birth, (Street and Number) *345 Pennsylvania ave*
6. Full Name of Mother, *Jessie Heineke*
7. Mother's Maiden Name, *Jessie Parr*
8. Mother's Birthplace, *Jessie Parr*
9. Full Name of Father, *Christian Heineke*
10. Father's Occupation, *Painter*
11. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs A Meservey*
- Address, *345 Pennsylvania ave*
- Remarks,

RETURN OF A BIRTH

58371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- Of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 27 1882
4. Place of Birth, (Street and Number) 215 Park Ave
5. Full Name of Mother, Rachel Hornick
6. Mother's Maiden Name, Rachel McManis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernest Hornick
9. Father's Occupation, Wood Turner
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes the Return Dr. J. McManis
- Address, 415 Poplar
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52371

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) Colored

3. Date of Birth 24. of January

4. Place of Birth (Street and Number) No 63. Williamson Alley.

5. Full Name of Mother Hester. Bushup

6. Mother's Maiden Name Samuel. Bushup Hester. Smith

7. Mother's Birthplace Eastern Shore M. d.

8. Full Name of Father Samuel. Bushup.

9. Father's Occupation Farmer

10. Father's Birthplace Eastern. Shore M. d.

Name of Medical Attendant, or other Person who makes this Return Anna. Scott

Address No 60. Race St. Between. Cross. & West

Remarks

RETURN OF A BIRTH

52372

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 13372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 24 January
4. Place of Birth, (Street and Number) No 99 Cedar Street
5. Full Name of Mother Adelia L. Toney
6. Mother's Maiden Name Adelia L. Smith
7. Mother's Birthplace Farmville Va
8. Full Name of Father J. James H. Toney
9. Father's Occupation musician
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Rachel Jordan 139 Hill Street
- Address 139 Hill St
- Remarks

RETURN OF A BIRTH

5337.3

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

Jan 24th 1882

4. Place of Birth, (Street and Number)

365 N Central Ave

5. Full Name of Mother,

Mary Eleanor

6. Mother's Maiden Name,

Wigdon

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Richard L. W. Simmons

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. R. Price M.D.

Address,

262 Madison Ave.

Remarks,

RETURN OF A BIRTH

53374

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Bd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 24th 1882

4. Place of Birth, (Street and Number)

Cor Chesler & Fayette Sts

5. Full Name of Mother,

Mary Haskert

6. Mother's Maiden Name,

" Hageldorn

7. Mother's Birthplace,

W. G.

8. Full Name of Father,

Leonard Haskert

9. Father's Occupation,

Driver

10. Father's Birthplace,

W. G.

Name of Medical Attendant, or other Person who makes this Return

Mr. Elizabeth B. B. B.

Address

120 B. B. B.

Remarks

53375

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "FEB 2 1902" is stamped in a bold, sans-serif font. The stamp is slightly faded and shows some wear.

五

2. Race or Color (if not of the white race)

3. *Date of Birth*

January 24th

4. Place of Birth (Street and Number)

83 H. Schroeder

5. Full Name of Mother

Caroline

6. Mother's Maiden Name

Weissmüller

7. Mother's Birthplace

8. Full Name of Father

Christopher Hemmelt Germany

3. Father's Occupation

10. Father's Birthplace

Source

Name of Medical Attendant, or other Person who makes this Return.

Germany
Rulovardt
By Whayette & Co.

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53376

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

2. Sex, (state whether male or female) male

3. Race or Color, (if not of the white race) white

4. Date of Birth, 24 January

5. Place of Birth, (Street and Number) 246 South Charles St.

6. Full Name of Mother, Dora Stichel

7. Mother's Maiden Name, Dora Holzenheim

8. Mother's Birthplace, Europe

9. Full Name of Father, Frederick Stichel

10. Father's Occupation, Bakery

11. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return

Address, Prof. Mary Sauerhoff

Remarks,

RETURN OF A BIRTH

53377

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)...

White

2. Race or Color, (if not of the white race)

Male

3. Date of Birth,

Jan. 9th. 1882

4. Place of Birth, (Street and Number)

No. 14 Holliston Street - City

5. Full Name of Mother,

Rosea Joseph

6. Mother's Maiden Name,

Rice

7. Mother's Birthplace,

Balt. County

8. Full Name of Father,

Leonard Joseph

9. Father's Occupation,

Plasterer

10. Father's Birthplace,

Balt. County

Name of Medical Attendant, (or other Person who makes this return)

M. J. Leonard

Address,

435 W. McHenry St -

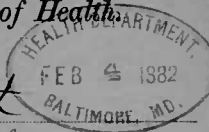
Remarks,

Strong healthy Child

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 24, 1882

4. Place of Birth (Street and Number)

S. Calhoun, Cor. Balt

5. Full Name of Mother

Sarah A. Robinson

6. Mother's Maiden Name

394

7. Mother's Birthplace

Parkton, N. Va.

8. Full Name of Father

David W. Robinson

9. Father's Occupation

Carpenter

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

John Ford

Address

322 Hollins St.

Remarks

Fine baby

RETURN OF A BIRTH.

53379

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Jan 24th 1882*
4. Place of Birth (Street and Number) *B N Spring St*
5. Full Name of Mother *Mary Johnson*
6. Mother's Maiden Name *Johnson*
7. Mother's Birthplace *Wilmington N.C.*
8. Full Name of Father *Benj Johnson*
9. Father's Occupation *Long man*
10. Father's Birthplace *Mr. B. Billingslee*
- Name of Medical Attendant, or other Person who makes this Return. *Q 55 E Johnson St*
- Address
- Remarks

Birth, sex of child, physical condition, whether still born or not, the full name, maiden name, and the maiden name of the mother of such child or children of the parents, and the maiden name of the mother of such child or children



RETURN OF A BIRTH 53380

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*

1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Jan'y 24, 1882.*
4. Place of Birth, (Street and Number) *145 S. Chester St.,*
State Connolly,
5. Full Name of Mother, *McDonough*
6. Mother's Maiden Name, *Ireland.*
7. Mother's Birthplace, *Pat. Connolly,*
8. Full Name of Father, *Laborer,*
9. Father's Occupation, *Ireland.*
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

A. F. Erisk M.D.
94 S. Broadway.

RETURN OF A BIRTH

53357

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. If Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

4. Date of Birth,

Jan. 24th

5. Place of Birth, (Street and Number)

31 E. Pratt St.

6. Full Name of Mother,

Lucie Maria

7. Mother's Maiden Name,

Scit

8. Mother's Birthplace,

Baltimore, Maryland

9. Full Name of Father,

W. C.

10. Father's Occupation,

Carpenter

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marion Casper

Address,

71 E. Lombard St.

Remarks,

RETURN OF A BIRTH

53382

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *24th*

July 1882

4. Place of Birth, (Street and Number)

258 W. Gray St.

5. Full Name of Mother,

Blanche Tucker O'Hara

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

*Wm. H. Tucker
2nd
Lawyer
Md*

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

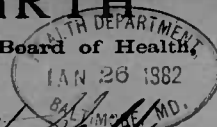
Remarks,

*Geo W. Lupton M.D.
#1 Waverly Terrace*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



On the return, give the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *Jan 25th 1882*

4. Place of Birth, (Street and Number) *No 72 Sharp st*

5. Full Name of Mother, *Lissie Mc Hour*

6. Mother's Maiden Name, *Drence*

7. Mother's Birthplace, *England*

8. Full Name of Father, *Joseph Mc Hour*

9. Father's Occupation, *England*

10. Father's Birthplace, *Duffing and Clearing*

Name of Medical Attendant, or other Person who makes this Return *J. Schuppert midwife*

Address *330 Hanover st*

Remarks _____

RETURN OF A BIRTH

53984

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 25 1882.

4. Place of Birth, (Street and Number) No 34 Stamford

5. Full Name of Mother, Lizzie Widrich

6. Mother's Maiden Name, Loebe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Widrich

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. G. E. H.

Address, No 53 S. Bond St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 25th 1892

4. Place of Birth (Street and Number)

834 Race St

5. Full Name of Mother

Emma Kuggen Reimer

6. Mother's Maiden Name

Emma Kuggen

7. Mother's Birthplace

New York, N.Y.

8. Full Name of Father

Henry Kuggen Reimer

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

John A. Hays M.D.

Address

City

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

RETURN OF A BIRTH

53386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child.

1. Sex, (state whether male or female)...

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Jan'y. 25. 1882.

4. Place of Birth, (Street and Number)

177 Conway St.

5. Full Name of Mother,

Belle Myers.

6. Mother's Maiden Name,

Belle Luther.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Wm. P. Myers.

9. Father's Occupation,

Shoemaker.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Child Healthy.

J. P. Powell M.D.
257 Camden Ave.

When Name Added 3-16-82

CERTIFICATE CORRECTED 3-16-82

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 John Robert Wallis

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 25th Baltimore

4. Place of Birth, (Street and Number)

320 Talles St

5. Full Name of Mother

Mary (Wallis) Wallis

6. Mother's Maiden Name

Mary Walker Wacker

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Robert Wallis Wallis

9. Father's Occupation

Laborer Labor.

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Webb

Address

101 Lancaster St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53388

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh
Male
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 25th 1892
No. 1098 E. Lexington St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Elizabeth Fisher
Elizabeth Cain

6. Mother's Maiden Name,

7. Mother's Birthplace,

Virginia
Charles Fisher

8. Full Name of Father,

9. Father's Occupation,

Police Officer
Germany

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Hemming
No. 95 H. H. H. St.

Address,

Remarks,

(City)

RETURN OF A BIRTH

53359

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Name of Child, 2. Sex, 3. Race or Color, 4. Date of Birth, 5. Place of Birth, 6. Full Name of Mother, 7. Mother's Maiden Name, 8. Mother's Birthplace, 9. Full Name of Father, 10. Father's Occupation, 11. Father's Birthplace, 12. Name of Medical Attendant, 13. Address, 14. Remarks.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25 January
4. Place of Birth, (Street and Number) 47 Holland street
5. Full Name of Mother, Annie Bungel meyer
6. Mother's Maiden Name, " Maek
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Bungel meyer
9. Father's Occupation, tailor
10. Father's Birthplace, Hessen
- Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Wieg
- Address, 101 N. Hollard
- Remarks, 27

RETURN OF A BIRTH

53390

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.) *One child*
2. Race or Color, (if not of the white race) *Male Colored*
3. Date of Birth, *Jan 25 1882*
4. Place of Birth, (Street and Number) *11 Dethm's alley*
5. Full Name of Mother, *Annex Car*
6. Mother's Maiden Name, *Annex Dobson*
7. Mother's Birthplace, *Eastern Shore*
8. Full Name of Father, *Eastern Gas & Oil Co*
9. Father's Occupation, *Labr*
10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return

Address, *130 Regester St*

Remarks,

Lucindia Woolford

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53391

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

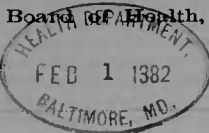


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *Jan the 25th*
4. Place of Birth (Street and Number) *Gorden alley No 11*
5. Full Name of Mother *Elise Cornish*
6. Mother's Maiden Name
7. Mother's Birthplace *Dorchester County MD*
8. Full Name of Father *James D Wilson*
9. Father's Occupation *Saller*
10. Father's Birthplace *Dorchester County MD*
- Name of Medical Attendant, or other Person who makes this Return. *Loucy Cornish*
- Address *Gorden alley No 113*
- Remarks

RETURN OF A BIRTH

53392

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

Black

4. Date of Birth,

January 25-1882

5. Place of Birth, (Street and Number)

11 Upper Stassee Balto

6. Full Name of Mother,

Eliza Jones

7. Mother's Maiden Name,

Virginia

8. Full Name of Father,

Robt. James

9. Father's Occupation,

Lab at floating Elston

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

W Gray Smith

Address,

S.E. Cor Townsend and Monument Sts

Remarks,

RETURN OF A BIRTH

13393

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race)

4. Date of Birth, 25 Aug 1882

5. Place of Birth, (Street and Number) 151 S. Central St.

6. Full Name of Mother, Julia Samoran

7. Mother's Maiden Name, Burns

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Thomas Samoran

10. Father's Occupation, Laborer

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E. Pratt St.

Remarks,

RETURN OF A BIRTH

53394

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

PRINTED AND SIGNED BY THE CITY REGISTRAR

RETURN OF A BIRTH

53395

RETURN OF A BIRTH

5339.5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2nd child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *25th January 1892*
4. Place of Birth, (Street and Number) *410 Cross St.*
5. Full Name of Mother, *Rosa Wick*
6. Mother's Maiden Name, *Schneider*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Bernhard Wick*
9. Father's Occupation, *Cannaker*
10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Prof. M. M. M.
1. M. M. M.

RETURN OF A BIRTH

53396

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *25th January*
 4. Place of Birth, (Street and Number) *156 Hudson Street*
 5. Full Name of Mother, *Briget. Ball*
 6. Mother's Maiden Name, *Brigitt Birne*
 7. Mother's Birthplace, *Ireland*
 8. Full Name of Father, *Bernard Ball*
 9. Father's Occupation, *Can. Maker*
 10. Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other Person who makes this Return, *Mrs Sarah Gullens*
 Address, *104 Curly street canton*
 Remarks,

RETURN OF A BIRTH

13397

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth,

January 25th 82

4. Place of Birth, (Street and Number)

363 West St.

5. Full Name of Mother, ..

Louise Denmark

6. Mother's Maiden Name, ..

" Attraction

7. Mother's Birthplace, ..

Baltimore

8. Full Name of Father, ..

John Denmark

9. Father's Occupation, ..

Fireman

10. Father's Birthplace, ..

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Hook

Address,

Remarks,

RETURN OF A BIRTH

53398

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 25th 82

4. Place of Birth, (Street and Number)

372 West St.

5. Full Name of Mother,

Annie Stephens

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert Stephens

9. Father's Occupation,

Glass blower

10. Father's Birthplace,

Cincinnati, O.

Name of Medical Attendant, or other Person who makes this Return

Mary Kroh

Address,

328 S. Elmer St.

Remarks,

of his parents, and the maiden name of the mother of such child or children."

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53399

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

January 25 1882

110 Hanover St

Anna Warner

Anna Jackson

Do

Albert Warner

Clerk

Do

W B Noble M D

50 Hanover St

RETURN OF A BIRTH, 53400

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth January 25th 1881
4. Place of Birth, (Street and Number) 94 W. Edmonst.
5. Full Name of Mother Ann's Hancock
6. Mother's Maiden Name " Barker
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father William Hancock
9. Father's Occupation Electrician
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Cathell
- Address 2113 Broadway
- Remarks

Whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH 53401

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 25th 1882*

4. Place of Birth, (Street and Number) *95 S. Broadway*

5. Full Name of Mother, *Mrs. Isabella Pearl*

6. Mother's Maiden Name, *Grimmerman*

7. Mother's Birthplace, *Balto - Md*

8. Full Name of Father, *Geo W Pearl*

9. Father's Occupation, *Conductor*

10. Father's Birthplace, *Illinois*

Name of Medical Attendant, or other Person who attended the birth *Mrs. M. E. Huskey*

Address, *45 N Central av*

Remarks, *R.O.P. Force - Ruptured Ovary*

DUNLAP & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

33402

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1940

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, 25 January

5. Place of Birth, (Street and Number) 10 Barnes

6. Full Name of Mother, Rudi Engelmann

7. Mother's Maiden Name, Giese

8. Mother's Birthplace, Austria

9. Full Name of Father, Franz Engelmann

10. Father's Occupation, Whitehead

11. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return Josephina Harra

Address, 10 Barnes St

Remarks,

RETURN OF A BIRTH

53403

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

25th Jan'y 1882

4. Place of Birth, (Street and Number)

202 N. Calhoun St

5. Full Name of Mother,

Caroline Eunkant

6. Mother's Maiden Name,

" Miller

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Charles J. Eunkant

9. Father's Occupation,

Candy Maker

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo H. [Signature]
1 Weekly Exam

RETURN OF A BIRTH

53404

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

62

1. Sex, (state whether male or female) ...

Female

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

January 25 1892

4. Place of Birth, (Street and Number) ...

#273 S. Bond St

5. Full Name of Mother, ...

Lise Schoff

6. Mother's Maiden Name, ...

Kraulling

7. Mother's Birthplace, ...

Baltimore

8. Full Name of Father, ...

John Schoff

9. Father's Occupation, ...

Restaurateur

10. Father's Birthplace, ...

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise C. Kraft

Address, ...

236 Canton St

Remarks, ...

RETURN OF A BIRTH

53405

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 25th. 1882*
4. Place of Birth, (Street and Number) *No 44 Madison St. & Greenmount av.*
5. Full Name of Mother, *Rosa Chr.*
6. Mother's Maiden Name, *Rosa Müller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Adam Chr.*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *W. A. Butt.*
- Address *6185 S.E. cor. Central av. & Monument St.*
- Remarks *Well & hearty.*

RETURN OF A BIRTH

58406

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 26 1889

4. Place of Birth, (Street and Number) Vine St No 289

5. Full Name of Mother, Harriet Brown

6. Mother's Maiden Name, Harriet Green

7. Mother's Birthplace, West river

8. Full Name of Father, James Brown

9. Father's Occupation, labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Charlotte Proctor mid' wife

Address, Calton St No 40

Remarks,

RETURN OF A BIRTH

53107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

January 26 1882

4. Place of Birth, (Street and Number)

Whitcomb st no 8

5. Full Name of Mother,

Maudie good

6. Mother's Maiden Name,

Maudie good

7. Mother's Birthplace,

Natchitoches Louisiana

8. Full Name of Father,

Charles good

9. Father's Occupation,

labor

10. Father's Birthplace,

West Virginia

Name of Medical Attendant,

or other Person who makes this Return.

Whitcomb proctor mid wife
Leulton st no 10

Address,

Remarks,

RETURN OF A BIRTH

53408

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female) 2nd Child

2. Race or Color, (if not of the white race) Girl

3. Date of Birth, White

4. Place of Birth, (Street and Number) 26th of January 1882

5. Full Name of Mother, 346 Lombard Street

6. Mother's Maiden Name, Kate Bauer

7. Mother's Birthplace, Kate Zinner

8. Full Name of Father, Baltimore

9. Father's Occupation, John Zinner

10. Father's Birthplace, Copper

Name of Medical Attendant, or other Person who makes this Return Baltimore

Address, Crescentia Kunkel

Remarks, 8 71 North Chappel Street per Justina Kunkel

Healthy

53409

RETURN OF A BIRTH, 53409

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 26 1882

4. Place of Birth, (Street and Number)

137 Eager St.

5. Full Name of Mother

Mary Ann Kelly

6. Mother's Maiden Name

" " Henry

7. Mother's Birthplace

Balto.

8. Full Name of Father

John Kelly

9. Father's Occupation

Baker

Father's Birthplace

Mary Conn.

Name of Medical Attendant, or other Person who makes this return.

Dr. Brooke Byrd

Address

Remarks

name of the mother of such child or children.

53410

HEALTH DEPARTMENT
JAN 31
1892
BALTIMORE

HEALTH DEPARTMENT
JAN 31
1892
BALTIMORE

3d, &c.) Third (3rd,
In male

3d, &c.) Third (3rd,
In male

While

January 26", 1882

Nov. 4th 19 East Fayette St

Mrs. Annie H. Deane

Miss Annie H. Butler

Baltimore, Md.

^aBoone

Sumner Inspector

Waltham, Ind.

Wm. H. Clendenen, Jr. &

No. 102 R. Bernadine

name of the mother of such child or children.

53411

RETURN OF A BIRTH

13411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3rd)
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 26th 1892

4. Place of Birth, (Street and Number)

341 Wignitth St
Baltimore A. Winterode

5. Full Name of Mother,

Lavin

6. Mother's Maiden Name,

Baltimore Co. Md

7. Mother's Birthplace,

Wm B. Winterode

8. Full Name of Father,

Winterode employee

9. Father's Occupation,

Carroll Co. Md

10. Father's Birthplace,

Regina A Winter

Name of Medical Attendant, or other Person who makes this return.

136 Maryland Ave

Address,

Remarks,

RETURN OF A BIRTH

53412
53413

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 to Holodman

1. Sex, (state whether male or female) 2 Male, Boomer

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 of January 1882

4. Place of Birth, (Street and Number) 264 January 16, 1882

5. Full Name of Mother, Mary Nagle

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Nagle

9. Father's Occupation, Tailor

10. Father's Birthplace, Bairen

Name of Medical Attendant, or other Person who makes this Return, Sabine C. C. C.

Address, 110128 St. St.

Remarks.

RETURN OF A BIRTH 53414

RETURN OF A BIRTH

53414-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 1st child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26 of January 1882*
4. Place of Birth, (Street and Number) *No. 100 Westmore St*
5. Full Name of Mother, *Mcaggie Mcarty*
6. Mother's Maiden Name, *Mcagge Landisback*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Mcarty*
9. Father's Occupation, *Seaman*
10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who make this Return

Address

Remarks

Landisback
No 100 West St

RETURN OF A BIRTH

53415

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov. 26, 87

4. Place of Birth, (Street and Number)

23 Douglass St.

5. Full Name of Mother,

Rachel Reed

6. Mother's Maiden Name,

Lucia Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Reed

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. L. M. M. M.

Address,

1501 Duane St.

Remarks.

53416

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *26 January*
4. Place of Birth (Street and Number) *Baltimore 203 Emson St*
5. Full Name of Mother *Mary Rice*
6. Mother's Maiden Name *King McCabe*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *J. McCabe*
9. Father's Occupation *Iron Molder*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Wooden*
- Address *120 Greenmount Ave*
- Remarks

RETURN OF A BIRTH.

53417

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth January 26 1882.

4. Place of Birth (Street and Number) No 21 Bradford St.

5. Full Name of Mother Alice Bellman.

6. Mother's Maiden Name Alice Horner.

7. Mother's Birthplace Somerset County.

8. Full Name of Father Henry Bellman.

9. Father's Occupation Captain.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address S. P. Harrington.

Address No 65 Cambridge St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

53418

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *male child*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *26 June 1882.*
4. Place of Birth, (Street and Number) *No. 29 Winters St.*
5. Full Name of Mother, *Mila an J. Lecher*
6. Mother's Maiden Name, *Mila an Johnson*
7. Mother's Birthplace, *Swan Hill M. I. Somerset*
8. Full Name of Father, *Wm Henry Flecker*
9. Father's Occupation, *Carter*
10. Father's Birthplace, *Cambridge M. I.*
- Name of Medical Attendant, *Dr. Medical*
or other Person who makes this Return.
- Address, *Stoney Logy No. 282 Cross St*
- Remarks,

RETURN OF A BIRTH

53419

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Fill in the particulars, and the name of the mother of each child or children.

1. Sex, (state whether male or female) *46*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Sept. 26, 1882*
4. Place of Birth, (Street and Number) *W. Washington 88*
5. Full Name of Mother, *Margaretta Herald*
6. Mother's Maiden Name, *Hegel*
7. Mother's Birthplace, *Bavaria*
8. Full Name of Father, *William Herald*
9. Father's Occupation, *Schuhmacher*
10. Father's Birthplace, *Munich*
- Name of Medical Attendant, or other Person who makes this Return *Wm. H. Baubach*
- Address, *W. Baltimore 1114*
- Remarks,

RETURN OF A BIRTH

53420

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Fill up this form, and send it to the Registrar of Vital Statistics, Baltimore City, with the name of the mother of said child or children.

1. Sex, (state whether male or female)

This is the Sixth

2. Race or Color, (if not of the white race)

It is female

3. Date of Birth,

It is of the white race

4. Place of Birth, (Street and Number)

26th May 1882

5. Full Name of Mother,

Ledenhall street No 299

6. Mother's Maiden Name,

Mary Schradack

7. Mother's Birthplace,

Mary Schubert

8. Full Name of Father,

Germany

9. Father's Occupation,

John. Simon. Schradack

10. Father's Birthplace,

He is a Cooper

Germany

Name of Medical Attendant, or other Person who makes this return

Dr. J. M. M. M.

Address,

1. L. M. M. M.

Remarks,

RETURN OF A BIRTH

53427

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



If the parent's name has been changed, state the number of such child or children.

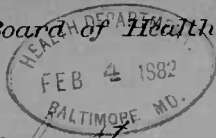
1. Sex, (state whether 1st, 2d, 3d, &c.) *First*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *26th January*
 4. Place of Birth, (Street and Number) *No. 25 Clinton St. Baltimore Co. Landm.*
 5. Full Name of Mother, *Idellie Emma Winkelmann*
 6. Mother's Maiden Name, *Idellie Emma Winkelmann*
 7. Mother's Birthplace, *Baltimore County Maryland*
 8. Full Name of Father, *Edouard Winkelmann*
 9. Father's Occupation, *Labourer*
 10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. [illegible]*
 Address *12 [illegible] [illegible] [illegible]*
 Remarks

RETURN OF A BIRTH..

53422

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

This is the first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

26th of Jan. 1882

4. Place of Birth, (Street and Number)

159 York St

5. Full Name of Mother,

Fanny Cornish

6. Mother's Maiden Name,

Baltimore City

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes the Return.

Willie Frost

Address,

181 York St

Remarks,

521192

RETURN OF A BIRTH

53423

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

4. Date of Birth,

26th of Jan 82

5. Place of Birth, (Street and Number)

No 41 H. St. Poppleton St

6. Full Name of Mother,

Mary Gallagher
Considine

7. Mother's Maiden Name,

Balto

8. Mother's Birthplace,

9. Full Name of Father,

Thomas Gallagher
Butler

10. Father's Occupation,

11. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

A. Lindner

Address,

2845 Monroe St

Remarks,

RETURN OF A BIRTH

534211

To the Office of Registrar of Vital Statistics, Board, of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) *13th*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *January 26th 1892*
5. Place of Birth, (Street and Number) *# 320 North Central Ave*
6. Full Name of Mother, *Barbara Krueger*
7. Mother's Maiden Name, *Barbara Galtz*
8. Mother's Birthplace, *Germany*
9. Full Name of Father, *Caspar Krueger*
10. Father's Occupation, *City Garbage Cart*
11. Father's Birthplace, *Germany*
12. Name of Medical Attendant, *or other Person who makes this Return* *H. H. H. H. H.*
13. Address, *182 East Monument St.*
14. Remarks,

534215

RETURN OF A BIRTH

53425

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) *2d*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *January 26th 1882*
5. Place of Birth, (Street and Number) *# 122 Pulling St.*
6. Full Name of Mother, *Emma Walter*
7. Mother's Maiden Name, *Emma Baker*
8. Mother's Birthplace, *Germany*
9. Full Name of Father, *Jacob J. Waller*
10. Father's Occupation, *Salesman*
11. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Rev. H. H. Hager*
- Address *# 22 E. Monument St.*
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 26th 1882 3.30 P.M.*
4. Place of Birth (Street and Number) *Madison St No 230 Baltimore*
5. Full Name of Mother *Elizabeth Rumenaf*
6. Mother's Maiden Name *Elizabeth Clark*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *Lazarus Rumenaf*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Hannover Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Edwin Groom*
- Address *466 North Gay St Baltimore city*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53127

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Jan 26 1882
5. Place of Birth, (Street and Number) 274 Lafayette Avenue
6. Full Name of Mother, Emily R. Travers
7. Mother's Maiden Name, " " Hooper
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, Wm. L. Travers
10. Father's Occupation, Draftsman
11. Father's Birthplace, Dorchester County Md
- Name of Medical Attendant, or other Person who makes this Return Marbury Brewer M.D.
- Address, 6 F. McCulloch St.
- Remarks,

RETURN OF A BIRTH

53428

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 26, 1882*
4. Place of Birth, (Street and Number) *St. of Burgundy, Md.*
5. Full Name of Mother, *David M. M. M.*
6. Mother's Maiden Name, *Maria Dawson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles M. M.*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. M.*
- Address *53 Perry St.*
- Remarks *five children*

RETURN OF A BIRTH

53429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

one

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 31

4. Place of Birth, (Street and Number)

No 3 Boyd Street

5. Full Name of Mother,

Barbery Hildner

6. Mother's Maiden Name,

Barbery Gugel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edman Hildner

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Miss Lander

Address,

60 Lander St

Remarks,

53421

RETURN OF A BIRTH

53430

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *First Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Jan 26th 1882*
 4. Place of Birth, (Street and Number) *# 122 S. Chapel St.*
 5. Full Name of Mother, *Bridget D. Durkin*
 6. Mother's Maiden Name, *Bridget Durkin*
 7. Mother's Birthplace, *Ireland*
 8. Full Name of Father, *Patrick Durkin*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, *Mrs Mary E. Summ*
or other Person who makes this Return
 Address, *# 171 S. Washington St.*
 Remarks.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

3 males

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 22 1889

4. Place of Birth (Street and Number)

no 14 parish St Bal

5. Full Name of Mother

Annie Frederick

6. Mother's Maiden Name

Annie Louney

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry J Frederick

9. Father's Occupation

Bookbinder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm J Appellay

Address

592 Pratt St Bal

Remarks

RETURN OF A BIRTH.

53432

RETURN OF A BIRTH.

53132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan - 27th 1882

4. Place of Birth (Street and Number)

345 Laureate St.

5. Full Name of Mother

Edna M. Gillingham

6. Mother's Maiden Name

Covey

7. Mother's Birthplace

Caroline Co. Maryland

8. Full Name of Father

Christopher Rabin Gillingham

9. Father's Occupation

Cashier Boston B. B. Co.

10. Father's Birthplace

Baltimore Co. Maryland

Name of Medical Attendant, or other Person who makes this Return.

W. A. B. Sullivan, M.D.

Address

249 Carrollton Ave.

Remarks

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

53433

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Jan 27 1892

4. Place of Birth, (Street and Number)

136 Sursum

5. Full Name of Mother,

Harriet Small

6. Mother's Maiden Name,

Harriet Scott

7. Mother's Birthplace,

Talbert, County

8. Full Name of Father,

Samuel Small

9. Father's Occupation,

Quaker Shopkeeper

10. Father's Birthplace,

Eastern Shore

Name of Medical Attendant, or other Person who makes this Return

Lucinda Woolford

Address,

130 N. Winchester St

Remarks,

53434

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

white

Feb 8 1892

Charles O. Pleasant Street

Virginia O. Twyer

ownings

Carrall Co Md

Page Twyer

Lawyer

Dorchester Co Md

C. B. Hamble Md

59 Calver St

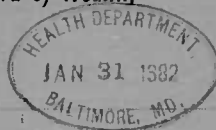
and the name of the mother of such child or children.

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

59435

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 27th 1882

4. Place of Birth (Street and Number)

70 Townsend St.

5. Full Name of Mother

Rebecca H. Elliott

6. Mother's Maiden Name

Rebecca Stewart

7. Mother's Birthplace

Baltimore

8. Full Name of Father

J. M. Elliott

9. Father's Occupation

Mechanic

10. Father's Birthplace

King William Co. Va.

Name of Medical Attendant, or other Person who makes this Return.

A. C. Chew M. D.

Address

141 Lombard St.

Remarks

59436

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53436

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6 Julius

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

11 Bond St Jan 27 January 1882

4. Place of Birth (Street and Number)

11 Bond St No 328

5. Full Name of Mother

Louisa Kalber

6. Mother's Maiden Name

Louisa Truf

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Truf Johann Truf

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Gubann

Address

Louisa Mary 11 Bond St No 328

Remarks

Baltimore Jan 31 January 1882

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53437

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jan 27th

4. Place of Birth (Street and Number) Bouldin Al near Baker St

5. Full Name of Mother Danny Burr

6. Mother's Maiden Name

7. Mother's Birthplace MD

8. Full Name of Father John Burr

9. Father's Occupation Waiter

10. Father's Birthplace MD

Name of Medical Attendant, or other Person who makes this Return.

Address Chas E Sautter M.D.
565 Street Hill Ave

Remarks

RETURN OF A BIRTH 53438

RETURN OF A BIRTH

53438

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female),

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

Jan. 27 1882
208 Schappell St. No. 85
Margarette Schumacher
Krause
Baranig
Joh. Schumacher
Schumacher
Baranig
Wm. Joh. Praeger
208 Schappell St. No. 85

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

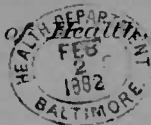
Remarks,

of two parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53440

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Cofford

3. Date of Birth,

Jan 29 1882

4. Place of Birth, (Street and Number)

No 3 Wheaton St

5. Full Name of Mother,

Annell Duwall

6. Mother's Maiden Name,

Annell Wheeler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard Wheeler

9. Father's Occupation,

lawr

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Shelley proctor mid wife

Address,

No 10 Calton st

Remarks,

RETURN OF A BIRTH

53441

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 27th 1882*
4. Place of Birth, (Street and Number) *278 W Biddle*
5. Full Name of Mother, *Laura A. Hansbury*
6. Mother's Maiden Name, *Manchester*
7. Mother's Birthplace, *Med*
8. Full Name of Father, *Alfred A. Clatchey*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Elias T. Price M.D.*
- Address, *262 Madison Ave*
- Remarks,

name of the mother of such child or children, the name, nativity, and residence of the parents, and the maiden

RETURN OF A BIRTH,

53442

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 27th 1882

4. Place of Birth, (Street and Number)

154 Helges

5. Full Name of Mother

Emma M. Rue

6. Mother's Maiden Name

Shurley

7. Mother's Birthplace

England

8. Full Name of Father

Leagle S. Rue

9. Father's Occupation

Watchman

Father's Birthplace

Va

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Harmon Barristers

Remarks

RETURN OF A BIRTH

53449

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



CHILD OF CHILDREN.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 27 / 87

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Elizabeth Keimkamp

6. Mother's Maiden Name, Gebel

7. Mother's Birthplace, Meissen, Carrol

8. Full Name of Father, John Keimkamp

9. Father's Occupation, Engineer

10. Father's Birthplace, Meissen, Prussia

Name of Medical Attendant, or other Person who makes the return Dr. Wm. J. Brown

Address 1200 E. 1st St.

Remarks,

RETURN OF A BIRTH

531141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RECEIVED
FEB 11 1891
BALTIMORE

1. Sex, (state whether male or female) *First child*
 2. Race or Color, (if not of the white race) *male*
 3. Date of Birth, *White*
 4. Place of Birth, (Street and Number) *27 January*
 5. Full Name of Mother, *23. Shupey street Canton*
 6. Mother's Maiden Name, *Miss Anna Seibert*
 7. Mother's Birthplace, *Ann. Seibert Publ.*
 8. Full Name of Father, *Canton Balto*
 9. Father's Occupation, *Henry Seibert*
 10. Father's Birthplace, *Talvier*
 11. Name of Medical Attendant, or other Person who makes this Return, *Canton Balto*
 12. Address, *Mrs Wiley Park Apo*
 13. Remark, *No 12 Patterson Park Apo*
Chloroform

531115

RETURN OF A BIRTH

531145

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27th January 1882

4. Place of Birth, (Street and Number)

36 Appleton

5. Full Name of Mother,

Virginia Wright

6. Mother's Maiden Name,

Wright

7. Mother's Birthplace,

Federick Co Md

8. Full Name of Father,

Richard Wright

9. Father's Occupation,

Driver

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Med Surgeon

Address,

36 Appleton

Remarks,

Split Lips

RETURN OF A BIRTH

53446

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

2. Sex, (state whether male or female)

female

3. Race or Color, (if not of the white race)

color

4. Date of Birth,

27

5. Place of Birth, (Street and Number)

West St 122

6. Full Name of Mother,

Emily ~~Smith~~ Cole

7. Mother's Maiden Name,

Smith

8. Mother's Birthplace,

Calvert Md

9. Full Name of Father,

Henry Henry Cole

10. Father's Occupation,

single

11. Father's Birthplace,

Calvert Md

Name of Medical Attendant, or other Person who makes this Return

A. Wilson

Address,

Warner St 194

Remarks,



RETURN OF A BIRTH

53447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.) *2*
Male
2. Race or Color, (if not of the white race)
3. Date of Birth, *January 27 1892*
4. Place of Birth, (Street and Number) *#178 S. Caroline St*
5. Full Name of Mother, *Annie Schegel*
6. Mother's Maiden Name, *Bonnet*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Schegel*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Louise C. Kraft*
- Address, *236 Canton Ave*
- Remarks,

DO NOT WRITE IN THESE SPACES

PRINTED AND STATIONED

RETURN OF A BIRTH

53448

RETURN OF A BIRTH

53448

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

The fifth child

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

January 27th

5. Place of Birth, (Street and Number)

461 Lexington St Baltimore Md

6. Full Name of Mother,

Mrs M E Mackbee

7. Mother's Maiden Name,

M E Brown

8. Mother's Birthplace,

Baltimore Md

9. Full Name of Father,

Mr Samuel Mackbee

10. Father's Occupation,

Machinist

11. Father's Birthplace,

Annerunel County

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sumler

Address,

Remarks,

66 Schaefer St.

531449

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 27th 1887

4. Place of Birth (Street and Number)

No. 4. Watson St.

5. Full Name of Mother

Catherine Jane Lowery

6. Mother's Maiden Name

Batten

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William John Lowery

9. Father's Occupation

Painter

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

D. Hoane

Address

133. Orleans St. Balt.

Remarks

condition, whether still born or not, the full name of the mother of such child or children.

RETURN OF A BIRTH

53450

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

2. Sex, (state whether male or female)

Girl

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

28th Jan. 1892

5. Place of Birth, (Street and Number)

Belle Duvicent St No 35

6. Full Name of Mother,

Ann Bashak

7. Mother's Maiden Name,

8. Mother's Birthplace,

Bohemia

9. Full Name of Father,

Geo. Bashak

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

May Kaptis

Address,

69 Washington St

Remarks,

May Kaptis

RETURN OF A BIRTH.

53457

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of Mother (state whether 1st, 2d, 3d, &c) *(Don't know)*

whether Male or Female *Girl Child*

Color (if not of the white race) *Colored Child*

Birth *Monday Evening Jan 1882*

Birth (Street and Number) *Yine St*

of Mother *Mrs Perkins*

Residence Name *() () ()*

Birthplace

of Father *Mrs Perkins*

Occupation *any kind of work*

Birthplace

Medical Attendant, or other Person who makes this Return. *Midwife Caroline Jones*

236 Yine St

RETURN OF A BIRTH

53452

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
2. Sex, (state whether male or female) 2 males
3. Race or Color, (if not of the white race) White
4. Date of Birth, January 28, 1892
5. Place of Birth, (Street and Number) 221 Pratt St. Bal
6. Full Name of Mother, Laura A. Bell
7. Mother's Maiden Name, Josephine Reginalds
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Joseph Bell
10. Father's Occupation, Miner
11. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who make this return, Wm. S. Shelley
- Address, 242 Pratt St. Bal
- Remarks,

53453

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 28 1882

4. Place of Birth (Street and Number)

25 Bank St.

5. Full Name of Mother

Marg C. Wafrice

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Bald. Wash

8. Full Name of Father

Alfred Wafrice

9. Father's Occupation

Mariner

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

David J. L. M. M.

Address

101 E. Bay

Remarks

Completion, was left blank, and the name of the mother of such child or children.

RETURN OF A BIRTH

534511

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. *Child of Mother*, (state whether 1st, 2d, 3d, &c.)

8th Child
Female

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

Jan 28th 1882

5. Place of Birth, (Street and Number)

1165 Hamburg St
Bathern Coast

6. Full Name of Mother,

Ball

7. Mother's Maiden Name,

America

8. Mother's Birthplace,

9. Full Name of Father,

John Coest

10. Father's Occupation,

Restaurant

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Lehrogger midwife
330 Hanover St

Address,

Remarks,

534511

RETURN OF A BIRTH

59155

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53456

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Jan 30th 1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female
black

2. Race or Color (if not of the white race)

3. Date of Birth:

Jan 28 1881

4. Place of Birth (Street and Number)

10 200 Hamburg St Balt

5. Full Name of Mother

Susan Jane Jones

6. Mother's Maiden Name

Susan Miles

7. Mother's Birthplace

Sumner Co Md

8. Full Name of Father

Andrew Jones

9. Father's Occupation

black

10. Father's Birthplace

Balt City

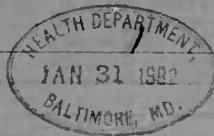
Name of Medical Attendant, or other Person who makes this Return.

mid wife Mary S Dennis

Address

110 21 Peach Alley

Remarks



RETURN OF A BIRTH

53457

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, 24th West St. 28th Jan. 1882
4. Place of Birth, (Street and Number) 242 West St
5. Full Name of Mother, Mary Green
6. Mother's Maiden Name, Mary Gans
7. Mother's Birthplace, England
8. Full Name of Father, Charles Green
9. Father's Occupation, sailing
10. Father's Birthplace, West Madison County n. a.
- Name of Medical Attendant, or other Person who makes this Return, No
- Address, Nancy Lloyd 290 Cross St.
- Remarks,

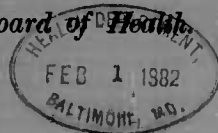
RETURN OF A BIRTH

53458

name of the mother of each child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 28 of Jan

4. Place of Birth, (Street and Number) No. 314 E. Madison St

5. Full Name of Mother Maggie A. Smith

6. Mother's Maiden Name Maggie Swains

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas Swains

9. Father's Occupation Cinder

10. Father's Birthplace Massachusetts

Name of Medical Attendant, or other Person who makes this Return. Dr. Christina Jones

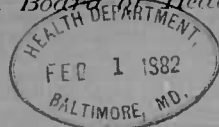
Address

Remarks 117. St. Stephen's. 1882

RETURN OF A BIRTH

53459

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



In case of twins, the tabular name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *28th January 1882*
4. Place of Birth, (Street and Number) *Cake St no number.*
5. Full Name of Mother, *Margaret Sparr*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *John Sparr*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return, *Charlotte Cross*
- Address, *369 Cathedral St.*
- Remarks,

53460

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH

RETURN OF A BIRTH

53461

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2^d Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 28th*

4. Place of Birth, (Street and Number) *McElderry near Patterson Park Ave.*

5. Full Name of Mother, *Christina Humphreys*

6. Mother's Maiden Name, *Christina Brunett*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Willard H. Humphreys*

9. Father's Occupation, *Huckster*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, *Samuel Hascoe*
or other Person who makes this Return

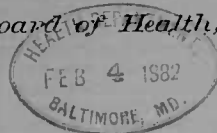
Address, *McElderry St. near Bradford Alley*

Remarks, *Fine & Healthy Child*

RETURN OF A BIRTH

53469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th one*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *28th Jan*
4. Place of Birth, (Street and Number) *St. Elizabeth St*
5. Full Name of Mother, *Annie Gray*
6. Mother's Maiden Name, *Annie Gray*
7. Mother's Birthplace, *West River*
8. Full Name of Father, *Thomas Gray*
9. Father's Occupation, *Carriage Maker*
10. Father's Birthplace, *Calvert County*
- Name of Medical Attendant; or other Person who makes this Return. *Wiley Gross 181 York St*
- Address,
- Remarks,

RETURN OF A BIRTH

331163

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 28th 1882

4. Place of Birth, (Street and Number)

73 Camden St

5. Full Name of Mother,

Beulah Pfefferkorn

6. Mother's Maiden Name,

Agnes Eiselein

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Pfefferkorn

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Theodore Cook M.D.

Address,

146 Hanover St

Remarks,

RETURN OF A BIRTH

534611

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Jan 28th 1882
 4. Place of Birth, (Street and Number) H 142 Chestnut St
 5. Full Name of Mother, Mary Bennett
 6. Mother's Maiden Name, Mary Hall
 7. Mother's Birthplace, St Mary's Co
 8. Full Name of Father, Sandy Bennett
 9. Father's Occupation, Sailor
 10. Father's Birthplace, St Mary's Co
 Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson
 Address, H 5. Forrest St
 Remarks,

53463

RETURN OF A BIRTH.

53465

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Jan 28. 1882

4. Place of Birth (Street and Number) Baltimore Md. Goodmans alley

5. Full Name of Mother Mrs Fannie Haman

6. Mother's Maiden Name Fannie Fannie Herbert

7. Mother's Birthplace Frederic city

8. Full Name of Father James Haman

9. Father's Occupation Oyster Wheeler

10. Father's Birthplace andrussett. County

Name of Medical Attendant, or other Person who makes this return Diana. Campher

Address 155 west. street

Remarks not disfigured

the parents, and the maiden name of the mother of such child or children.

53466

RETURN OF A BIRTH

53466

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Second
Female
White
January 29th 1892
35 Hamilton St
Martha Davis
Martha Davis
Mrs. James
Benjamin S. Davis
Jan 29 1892
Washington Co. Md.
Mrs. J. A. Hall

name of the mother of such child or children.

RETURN OF A BIRTH.

53467

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 10*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *28 Jan*
4. Place of Birth (Street and Number) *Fort St. 46 Chamber*
5. Full Name of Mother *Fanniella Gable*
6. Mother's Maiden Name *Viens*
7. Mother's Birthplace *Near Cambridge Dorchester Co*
8. Full Name of Father *John Gable*
9. Father's Occupation *Boiler Maker*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Jewell*
Address *68 Fort St*
Remarks

RETURN OF A BIRTH

53468

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Second Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 28-82

4. Place of Birth, (Street and Number)

1618 S. Wolfe St

5. Full Name of Mother,

Laura R. Lewis

6. Mother's Maiden Name,

Laura R. Holbrook

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles H. Lewis

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Mo.

Name of Medical Attendant, or other Person who makes this Return

Chas. H. Lewis

Address

Remarks,

53468

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. *Sex*, (state whether 1st, 2d, 3d, &c.)

2. *Race or Color*, (if not of the white race)

3. *Date of Birth*,

4. *Place of Birth*, (Street and Number)

5. *Full Name of Mother*,

6. *Mother's Maiden Name*,

7. *Mother's Birthplace*,

8. *Full Name of Father*.

9. *Father's Occupation*,

10. *Father's Birthplace*,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

3rd
Female
White
January 28. 1882
79 N. Calvert St
Mary Feigo.
Mary Natto.
Maryland
Augustus J. Feigo.
Maryland
J. W. Horch Md
75 E. Calvert St

Hotel Keeper.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 28th 1882*

4. Place of Birth (Street and Number) *Cor. Disgrace and Mt. Clare Sts*

5. Full Name of Mother *Harry Hoffman*

6. Mother's Maiden Name *Henry Reversdorf*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *George W. Hoffman*

9. Father's Occupation *Laborer*

10. Father's Birthplace *New York*

Name of Medical Attendant, or other Person who makes this Return *J. C. Whitford M.D.*

Address *195 Disgrace St*

Remarks *Physical Condition*

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

53471

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 29th 1882

4. Place of Birth (Street and Number)

122 Bolton St.

5. Full Name of Mother

Livie S. Powell

6. Mother's Maiden Name

Livie Smith

7. Mother's Birthplace

Alexandria, Va.

8. Full Name of Father

William S. Powell

9. Father's Occupation

Merchant

10. Father's Birthplace

Alexandria, Va.

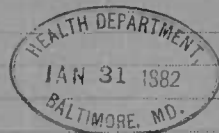
Name of Medical Attendant, or other Person who makes this Return.

J. G. Chesebrough, M.D.

Address

141 Lanvale St.

Remarks



RETURN OF A BIRTH.

53479

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) 1
 3. Date of Birth 29th Jan'y 1892
 4. Place of Birth (Street and Number) 139 Hanover
 5. Full Name of Mother Cora Pindle
 6. Mother's Maiden Name Wheaton
 7. Mother's Birthplace Mississippi
 8. Full Name of Father D W Pindle
 9. Father's Occupation Laborer
 10. Father's Birthplace Ind
 Name of Medical Attendant, or other Person who makes this Return. H W Webster
 Address 57 Bam st
 Remarks

born. It is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53473

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of its parent, and the maiden name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *One child*
1. Sex, (state whether male or female) ... *Male*
2. Race or Color, (if not of the white race) ... *Colored Race*
3. Date of Birth, ... *Jan 29 1882*
4. Place of Birth, (Street and Number) ... *13 Wolf St*
5. Full Name of Mother, ... *Annie Murr*
6. Mother's Maiden Name, ... *Annie Ford*
7. Mother's Birthplace, ... *Worcester County*
8. Full Name of Father, ... *Leven Murr*
9. Father's Occupation, ... *Cotton Factory*
10. Father's Birthplace, ... *Eastern Shore*
- Name of Medical Attendant, or other Person who makes this Return ... *Eucimbia Woolford*
- Address, ... *130 Reguiter St*
- Remarks, ...

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female)

First female

2. Race or Color, (if not of the white race)

Mulatto

3. Date of Birth,

29th of January

4. Place of Birth, (Street and Number)

211 Woodley Ave. H. Alley

5. Full Name of Mother,

Julia Powell

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Don't know

9. Father's Occupation,

"

10. Father's Birthplace,

"

Name of Medical Attendant, or other Person who makes the Return

A. M. Balt M.D.

Address,

Cor. St Paul & Madison Sts

Remarks,

File of the mother of such child of children.

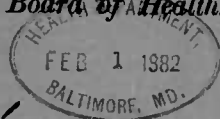
name of the mother of such child or children.

RETURN OF A BIRTH,

53475

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 29, 1882

4. Place of Birth, (Street and Number)

No 241 E. Eagle St

5. Full Name of Mother

Anne M. Green

6. Mother's Maiden Name

Anne Brown

7. Mother's Birthplace

Baltimore

8. Full Name of Father

R. Daniel E. Brown

9. Father's Occupation

Porter

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mrs. Christina Tanes

Address

Remarks

117 State St.

53476

HEALTH DEPARTMENT
FEB 11 1962
BALTIMORE

37

- of the parents, and the maiden name of the mother of such child or children.

53477

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

A circular ink stamp from the Health Department of Baltimore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE" is curved along the bottom inner edge. In the center, the date "FEB 1 1882" is stamped in three lines.

3. Date of Birth, 29 Jan. 1882

5. Full Name of Mother, Anna Erickson

7. Mother's Birthplace, Bail. Md.

9. Father's Occupation, Railroad engineer

16. Father's Birthplace, Ball, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

ALLIANCE A DO - CITY PARTNERS AND STATIONERS

5.21170

RETURN OF A BIRTH

53478

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, *Jan. 29 1882*
 4. Place of Birth, (Street and Number) *Grant St. No. 311*
 5. Full Name of Mother, *Lera Hammerthal*
 6. Mother's Maiden Name, *Herr*
 7. Mother's Birthplace, *Hessen*
 8. Full Name of Father, *David Hammerthal*
 9. Father's Occupation, *Salvager*
 10. ● Father's Birthplace, *Hessen*
- Name of Medical Attendant, or other Person who makes this Return *Wm. F. Brandenburg*
- Address *E. 1st St. No. 14*
- Remarks _____

ANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

53479

RETURN OF A BIRTH

53479

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan. 29. 1889.

4. Place of Birth, (Street and Number)

W. Register No. 34

5. Full Name of Mother,

Frederick Schupler

6. Mother's Maiden Name,

etc.

7. Mother's Birthplace,

Barania

8. Full Name of Father,

Joseph Schupler

9. Father's Occupation,

Wm. Schupler

10. Father's Birthplace,

Barania

Name of Medical Attendant, or other Person who makes this Return

Wm. J. B. B. B.

Address,

W. J. B. B. B.

Remarks,

Wm. J. B. B. B.

RETURN OF A BIRTH

53480

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,.....

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
make this Return.

Address,

Remarks,

1
Male

White

Jan 29, 1882

96 Hart. ave

Louise Cooper

" " Schneider

Baltimore

George W Cooper

Laborer

Baltimore

Mrs. Ann Nash

of the parent, and the maiden name of the mother of such child & name

RETURN OF A BIRTH

53481

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Female
White
Jan. 29, 1881
39 Bay View St
M. C. Abbott
M. C. I. small
Baltimore.
Benjamin S. Abbott
Laborer
Dorchester Co. Md
Mrs Ann Nash

RETURN OF A BIRTH 53482

RETURN OF A BIRTH

53482

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



" of Child of Mother, (state whether 1st, 2d, 3d, etc.)

3rd Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 29 1882

4. Place of Birth, (Street and Number) 35 Guttenberg alley

5. Full Name of Mother, Margareth Cappelman

6. Mother's Maiden Name, Doegner

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Cappelman

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. Schwaiger midwife

Address 520 Hanover st

Remarks,

RETURN OF A BIRTH

53453

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.)

1st
Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29. of Jan. 1881

4. Place of Birth, (Street and Number)

69 McElderry

5. Full Name of Mother,

E. M. Kidwell

6. Mother's Maiden Name,

E. M. Montgomery

7. Mother's Birthplace,

Richmond Virginia

8. Full Name of Father,

J. E. Montgomery

9. Father's Occupation,

Carpenier

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return

Mary Waller

Address,

125 N. Caroline

Remarks,

11. City, State, and Country, (if not of the white race)

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race) ...

White

4. Date of Birth,

January 29th 82

5. Place of Birth, (Street and Number)

Annapolis Road adj. Klipper's Gardens

6. Full Name of Mother,

Mary Bittner

7. Mother's Maiden Name,

" Badke.

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

The late John Bittner

10. Father's Occupation,

Shoe maker

11. Father's Birthplace,

Baravia.

Name of Medical Attendant, or other Person who makes this Return

Mary Kroh

Address,

328. S. Euter St.

Remarks,

RETURN OF A BIRTH

53455

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *6th female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *29 Jan 1882*

4. Place of Birth, (Street and Number) *70 Biddle ally*

5. Full Name of Mother, *Sarah Jane Barnett*

6. Mother's Maiden Name, *" " Leurey*

7. Mother's Birthplace, *Jefferson County, W. Va*

8. Full Name of Father, *James Barnett*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Anna arundel County Md*

Name of Medical Attendant, or other Person who makes this Return *Mary Ann Mason*

Address, *37 Walnut ally*

Remarks.

RETURN OF A BIRTH

53486

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
- Sex, (state whether male or female) *female*
- Race or Color, (if not of the white race) *colored*
- Date of Birth, *29th Jan*
- Place of Birth, (Street and Number) *89 Dorsey St*
- Full Name of Mother, *an nie Ghones*
- Mother's Maiden Name, *Tailor's island*
- Mother's Birthplace, *Tailor's island*
- Full Name of Father,
- Father's Occupation,
- Father's Birthplace,
- Name of Medical Attendant, or other person who makes this return, *Miller*
- Address, *181 York St*
- Remarks, *Cross*

name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

24 January 1882

4. Place of Birth (Street and Number)

St. Stephen & Dr. Mill

5. Full Name of Mother

Anna Smick

6. Mother's Maiden Name

Henry

7. Mother's Birthplace

Germany

8. Full Name of Father

William Brown

9. Father's Occupation

Refers

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. William M. M.

Address

St. Stephen & Dr. Mill

Remarks

RETURN OF A BIRTH

53488

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children



RETURN OF A BIRTH.

53488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 29th 1882

4. Place of Birth (Street and Number)

29 Miller St

5. Full Name of Mother

Martha Smith

6. Mother's Maiden Name

Harris

7. Mother's Birthplace

Virginia

8. Full Name of Father

Sam Smith

9. Father's Occupation

Cook painter

10. Father's Birthplace

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. B. Billingsley

Address

256 E. John St

Remarks

RETURN OF A BIRTH

53489



RETURN OF A BIRTH

53489

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 29, 1882*

4. Place of Birth, (Street and Number) *Milliman St. No. 66*

5. Full Name of Mother, *Eva Otto*

6. Mother's Maiden Name, *Eva Grunel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Andreas Otto*

9. Father's Occupation, *Tobacco manufacturer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return

Address, *Mary E. Kuttler*
W. 11th St. Bldg.

Remarks,

RETURN OF A BIRTH

53490

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race)
4. Date of Birth, Jan 25
5. Place of Birth, (Street and Number) 43 E. Second St
6. Full Name of Mother, Marie Berger
7. Mother's Maiden Name, Kraus
8. Mother's Birthplace, Berlin
9. Full Name of Father, Frank Berger
10. Father's Occupation, Restaurant
11. Father's Birthplace, Berlin
- Name of Medical Attendant, or other Person who makes this Return Charles Cooper
- Address, 43 E. Second St
- Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53491

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Jun 29 1882
 4. Place of Birth, (Street and Number) 337 Eastern Ave
 5. Full Name of Mother, Sophy Coxley
 6. Mother's Maiden Name, Butler
 7. Mother's Birthplace, Germany
 8. Full Name of Father, John Coxley
 9. Father's Occupation, Ship Carpenter
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Mrs. E. Joy
 Address, 193 North
 Remarks,

RETURN OF A BIRTH

53192

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

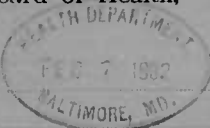


Fill in the name of each child or children.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 29 January
 4. Place of Birth, (Street and Number) 236 S. Wolf St.
 5. Full Name of Mother, Josephine Sule
 6. Mother's Maiden Name, Häsel
 7. Mother's Birthplace, Prussia
 8. Full Name of Father, Francis Sule
 9. Father's Occupation, Tailor
 10. ☒ Other's Birthplace, Prussia
 Name of Medical Attendant, or other Person who makes this return Josephine Konrad
 Address, 236 S. Wolf St.
 Remarks,

RETURN OF A BIRTH 53493

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ of Mother, (state whether 1st, 2d, 3d, &c.)

1st child
Boy

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

January 29
156 Conway St.
Mary R. Disney
~~Louise D. Disney~~ Henry R. Disney
Baltimore
Louis R. Disney
Driver
Baltimore
Mrs. Seebach, 439 W. Pratt St.

RETURN OF A BIRTH

53494

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

January 29 1882

4. Place of Birth, (Street and Number)

No 48 russel street

5. Full Name of Mother,

Lizzie west

6. Mother's Maiden Name,

Lizzie sanders

7. Mother's Birthplace,

frederick county

8. Full Name of Father,

henry west

9. Father's Occupation,

Shoemaker factory

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Charles M. Dorsey

Address.

53 Perry St

Remarks.

Liver & Gall

RETURN OF A BIRTH

53495

RETURN OF A BIRTH

53495

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes the Return

Address

Remarks

Female
Male
January 29 82
2007 St. Mallor St
Lena Smith
Lena Hoffmann
Baltimore
Henry Smith
Canner
Baltimore
Mary A. McCall

RETURN OF A BIRTH

53496

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

2. Sex, (state whether male or female)...

3. Race or Color, (if not of the white race)...

4. Date of Birth,

January 29 1882

5. Place of Birth, (Street and Number)

260 Hanover St

6. Full Name of Mother,

Estie Schaar

7. Mother's Maiden Name,

Riesbach

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Alvis Schaar

10. Father's Occupation,

Sattler

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise C. Kraft

Address,

236 Canton Ave

Remarks,

53497

RETURN OF A BIRTH

53497

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January (Sunday) 29th

4. Place of Birth, (Street and Number) 148 Wayne Street

5. Full Name of Mother, Mary E. Nichols

6. Mother's Maiden Name, Mary E. Mills

7. Mother's Birthplace, Talbot Co. Md.

8. Full Name of Father, Thomas Nichols

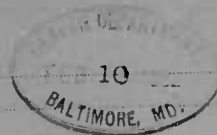
9. Father's Occupation, Fireman

10. Father's Birthplace, Talbot County

Name of Medical Attendant, or other Person who makes this Return.

Address, 15 Conway Street Sarah A. Jones

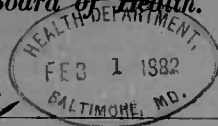
Remarks, The child is in good condition.



RETURN OF A BIRTH, 53498

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex: (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 11. 20 of Jan.

4. Place of Birth, (Street and Number) No. 22, Condictor Street

5. Full Name of Mother Liese Anne Schiffer

6. Mother's Maiden Name Liese Anne Schiffer

7. Mother's Birthplace Baltimore

8. Full Name of Father George Schiffer

9. Father's Occupation Shoe Maker

Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address 113 Harper St.

Remarks 113 Harper St.

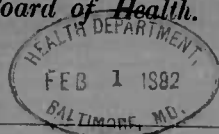
THIS IS THE WILLER OF ANCH CHILD OR CHILDREN.

RETURN OF A BIRTH 53498

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

State of the health of each child or children.

RETURN OF A BIRTH

53501

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth;

30 January 1902

4. Place of Birth, (Street and Number) 7 Hull Lane

5. Full Name of Mother,

Annie Toltz

6. Mother's Maiden Name,

Gocky

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Andrew Toltz

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mary Stinson

Address,

151 E Pratt St.

Remarks,

RETURN OF A BIRTH

53501

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 Jan 1892

4. Place of Birth, (Street and Number) 41 Hazeltown street

5. Full Name of Mother, Lena Wojack

6. Mother's Maiden Name, " Kaiser

7. Mother's Birthplace, Hanover

8. Full Name of Father, August Wojack

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Hanover

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Wriggley Holland

Address,

street

Remarks,

Baltimore

RETURN OF A BIRTH

53502

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) *Stam. 30. 1884*
V. Registrar's No 144

5. Full Name of Mother, *Margarette Lohm*

6. Mother's Maiden Name, *Müller*

7. Mother's Birthplace, *Hannover*

8. Full Name of Father, *Heriberto Lohm*

9. Father's Occupation, *Seemann*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Wm. G. Brubaker*

Address, *St. Mary's No 14*

Remarks, _____

DULANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

53503

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)
1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 30 1882
4. Place of Birth, (Street and Number) S. Harrison St. No. 82
5. Full Name of Mother, Roth. Muller
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Balt.
8. Full Name of Father, Geo. Muller
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return, Wm. J. Bradford
- Address, S. Hall St. No. 14
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fourth

Male

White

January 30th 1882

No. 685 Essex Street,

Mrs. Wilhelmina Hodges

Miss Wilhelmina Foster

Baltimore City

Mr. Alfred Hodges

laborer

Baltimore City

Mrs. Rachel A. Harrell

No. 65 Barrer Street.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

January 30 1882
40 Little Church St
Mary E. Krosser
Mary E. Pierce
Penn
Robt. D. Krosser
Mechanic
Penn
J. B. Noble M.D.
50 Waverly av

RETURN OF A BIRTH.

53506

to the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.



of Mother, (state whether 1st, 2d, 3d, &c.)

Three

whether Male or Female)

Male

Color (if not of the white race)

Colored

Birth

Jan'y 30th 1882

Birth (Street and Number)

245 Hamburg St

of Mother

Eliza Bellman

Maiden Name

Baltimore

Birthplace

of Father

Mrs. Huler

Occupation

Oyster Schucker

Birthplace

Baltimore

Medical Attendant, or other Person who makes this return

Caroline Moore

102 Feldner St

53507

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

2. Sex, (state whether male or female)

female

3. Race or Color, (if not of the white race)

4. Date of Birth,

Jan. 30th 1882.
150. Lexington st.

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

Johanna Hering.

7. Mother's Maiden Name,

Johanna Overing
Germany

8. Mother's Birthplace,

9. Full Name of Father,

August Hering.
Teacher

10. Father's Occupation,

11. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Dr. Reinhard

Address,

224 West Fayette Street

Remarks,

RETURN OF A BIRTH

53508

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

6. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 30 December 1881
4. Place of Birth, (Street and Number) 192 Harrison Street
5. Full Name of Mother, Lina Friedenberg
6. Mother's Maiden Name, " Lewinska
7. Mother's Birthplace, Russia, Posen
8. Full Name of Father, Philip Friedenberg
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia, Posen
- Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Gliby
- Address, 484 Hollands Street
- Remarks,

53508

When, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth - (7th)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Jan 30 - 1882*
4. Place of Birth (Street and Number) *# 276 E. Church St*
5. Full Name of Mother *Mary M. Fisher*
6. Mother's Maiden Name *" " Tyler*
7. Mother's Birthplace *Fredenss Md.*
8. Full Name of Father *John C. Fisher*
9. Father's Occupation *Greenkeeper*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Geo F. Taylor M.D.*
- Address *222 N Broadway*
- Remarks

RETURN OF A BIRTH

53510

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *January 30 - 82*

4. Place of Birth, (Street and Number) *No. 2 S. Charles St*

5. Full Name of Mother, *Anna M. Jones*

6. Mother's Maiden Name, *Anna M. Miller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Andrew Jones*

9. Father's Occupation, *Policeman*

10. Father's Birthplace, *Italy*

Name of Medical Attendant, or other Person who makes this return *Chas. A. Mitchell*

Address *256 N. Broadway*

Remarks,

RETURN OF A BIRTH

53511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 30th. 1882*
4. Place of Birth, (Street and Number) *No. 147 N. Spring Street*
5. Full Name of Mother, *Mary Holzenbach*
6. Mother's Maiden Name, *Mary Kinnagley*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Oscar Holzenbach*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs. M. D. Butt*
- Address, *No. 185 E. Central ave & Monument St*
- Remarks, *See Will*

53512

RETURN OF A BIRTH

53512

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 to children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21 of January

4. Place of Birth, (Street and Number)

12 190 W Baltimore St

5. Full Name of Mother,

Lehina Blum

6. Mother's Maiden Name,

Lehina Truffel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Blum

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Lehina Truffel

Address,

12 190 W Baltimore St

Remarks,

RETURN OF A BIRTH

53513

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Jan 31 1882
 4. Place of Birth, (Street and Number) 163 East 4th St
 5. Full Name of Mother, Maggie Campbell
 6. Mother's Maiden Name, Maggie White
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, James Campbell
 9. Father's Occupation, Welder
 10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who make this Return Dr. J. P. ...
- Address, 345 ...
- Remarks, ...

RETURN OF A BIRTH

52511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Print name of the mother of such child or children.

1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Jan 31st 1882*
 4. Place of Birth, (Street and Number) *No 90 Kandal St*
 5. Full Name of Mother, *Catherine McCracken*
 6. Mother's Maiden Name, *Catherine Tangle*
 7. Mother's Birthplace, *Balt city Md*
 8. Full Name of Father, *James McCracken*
 9. Father's Occupation, *La Cour*
 10. Father's Birthplace, *Balt city*
- Name of Medical Attendant, or other Person who makes this Return *Elizabeth Plinton*
- Address *1166 Charles St*
- Remarks

RETURN OF A BIRTH

53515

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

W

4. Date of Birth,

Jan 31 1888

5. Place of Birth, (Street and Number)

512 Croft

6. Full Name of Mother,

Mrs J Jones

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

Saml H Jones

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs D H Williams

Address,

Remarks,

53516

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth January 31st 1882

4. Place of Birth (Street and Number) Delphuep St Cor Sarago & Avenue 2nd

5. Full Name of Mother Hester Royston

6. Mother's Maiden Name Hester Baxter

7. Mother's Birthplace Virginia

8. Full Name of Father Eli Royston

9. Father's Occupation Merchant

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return

Address 152 1/2 N. Eutan St.

Remarks

RETURN OF A BIRTH

53517

RETURN OF A BIRTH

53517

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 31st 1882*
4. Place of Birth, (Street and Number) *n Egeter st No 70*
5. Full Name of Mother, *Matilda Johnson*
6. Mother's Maiden Name, *Matilda Sinclair*
7. Mother's Birthplace, *Talbot Co Md*
8. Full Name of Father, *George J. Johnson*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *Baltimore Co*

Name of Medical Attendant, or other Person who makes this Return *E. C. Baldwin*

Address, *124 n Egeter st*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53518

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

31 January 1882

4. Place of Birth, (Street and Number)

53 Fawn St.

5. Full Name of Mother,

Lelia Kenealy

6. Mother's Maiden Name,

Garris

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Kenealy

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Harry Stein

Address,

151 E Pratt St.

Remarks,

RETURN OF A BIRTH

53519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)...

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 31, 1882

4. Place of Birth, (Street and Number)

44 Lexington St.

5. Full Name of Mother,

Mary Anne Gdard
" " " " " "

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Asper M. Clark

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ann Nash

Address,

Remarks,

RETURN OF A BIRTH

53520

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

3rd child
Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 31, 1882

4. Place of Birth, (Street and Number)

188 Cross st

5. Full Name of Mother,

Wilhelmine Fisher

6. Mother's Maiden Name,

Maruhn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Fisher

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwastler midwife

Address

330 Hanover st

Remarks,

53521

RETURN OF A BIRTH,

53521

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 31 1892

4. Place of Birth, (Street and Number) 461 Lexington St

5. Full Name of Mother Sarah B. Butler

6. Mother's Maiden Name Winkler

7. Mother's Birthplace Baltimore City

8. Full Name of Father Robert B. Butler

9. Father's Occupation Attorney at Law

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Harrison

Address 431 N. E. St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth,

January 31st

4. Place of Birth, (Street and Number)

317 Hamburg St. near Russell

5. Full Name of Mother,

Amelia Schmidt,

6. Mother's Maiden Name,

Heckerich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Schmidt

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

May Kroh

Address,

328 J. Eutaw St.

Remarks,

In the presence of the parents, or the nearest relatives of the mother of such child or children.

RETURN OF A BIRTH

19523

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 31. Jan

4. Place of Birth, (Street and Number) No 39 Spring St

5. Full Name of Mother, Elizabeth Blechert

6. Mother's Maiden Name, Gieger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jakob Blechert

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Grand St

Remarks,

1952311

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health. 1882
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(6th) Sixth

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 31, 1882

4. Place of Birth (Street and Number)

322 Hollins

5. Full Name of Mother

Netta E. Hood

6. Mother's Maiden Name

Clary

7. Mother's Birthplace

Maryland

8. Full Name of Father

John Hood

9. Father's Occupation

Physician

10. Father's Birthplace

Irish, Conn.

Name of Medical Attendant, or other Person who makes this Return.

John Hood

Address

322 Hollins

Remarks

General Andrew Hood

RETURN OF A BIRTH

13525

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31 January 1892

4. Place of Birth, (Street and Number)

No. 86 B. Solgerly L

5. Full Name of Mother,

Johanna Bartholomew

6. Mother's Maiden Name,

Johanna Reiser

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Geo. Wm. Reiser

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

May Hazen

Remarks,

Birth at home

RETURN OF A BIRTH.

53526

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Jan 31/82

4. Place of Birth (Street and Number)

No 219 Hanover st

5. Full Name of Mother

Florida Davis

6. Mother's Maiden Name

" Bennett

7. Mother's Birthplace

Balt md

8. Full Name of Father

John Davis

9. Father's Occupation

Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs C. A Lewis

Address

162 Hanover st

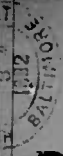
Remarks

condition, whether still born or no, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



2 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 26, 1882*
4. Place of Birth, (Street and Number) *N. Dallas St. No 213.*
5. Full Name of Mother, *Lena B. Schreiber*
6. Mother's Maiden Name, *Lena B. Beck*
7. Mother's Birthplace, *Lerringen, N. Wartsenburg, Germany*
8. Full Name of Father, *Friedrich Schreiber*
9. Father's Occupation, *Harness maker*
10. Father's Birthplace, *Helsungen, N. Hunsen, Germany*
- Name of Medical Attendant, or other Person who makes this history, *Mary E. Hall*
- Address, *N. Dallas St. No 213.*
- Remarks.

RETURN OF A BIRTH

53528

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan 31*

4. Place of Birth, (Street and Number) *1032 Frederick Road*

5. Full Name of Mother, *Mary E. Ecker*

6. Mother's Maiden Name, *Leithcraft*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George E. Ecker*

9. Father's Occupation, *Collector*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Samuel Cooper*

Address, *22 E. Lombard St.*

Remarks,

PRINTED & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

53529

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53529

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

13th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 31st 1882

4. Place of Birth (Street and Number)

195 Lee Street

5. Full Name of Mother

Emma Schimpf

6. Mother's Maiden Name

Emma Bollitt

7. Mother's Birthplace

Baltimore

8. Full Name of Father

W. P. Schimpf

9. Father's Occupation

Policeman

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

G. R. Oehler, M.D.

Address

934 W. Fayette St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



53530

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 31 1882

4. Place of Birth, (Street and Number) 161 Chester St

5. Full Name of Mother, Mary Fay

6. Mother's Maiden Name, Mary Wilson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Fay

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. Wm. A. Jones or other Person who makes this Return

Address, 193 Chester St

Remarks:

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- 53531
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh (?)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 24 1882*
4. Place of Birth (Street and Number) *96 Hollins St*
5. Full Name of Mother *Susan Spillars*
6. Mother's Maiden Name *Susan Dargatz*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John A. Spillars*
9. Father's Occupation *Fire keeper Camden Sta*
10. Father's Birthplace *Calvert County*
Name of Medical Attendant, or other Person who makes this return. *S. F. Phillips M D*
Address *327 N. Lombard St*
Remarks

RETURN OF A BIRTH,

53532

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Birth
 1. Sex (state whether male or female) Boi
 2. Race or Color, (if not of the white race) Wit
 3. Date of Birth 31. January
 4. Place of Birth, (Street and Number) Kassel Street No. 10
 5. Full Name of Mother Frieder Ebert
 6. Mother's Maiden Name " " Hoffmann
 7. Mother's Birthplace Merkendorf, Bayern
 8. Full Name of Father Lamon Ebert
 9. Father's Occupation Tailor
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this return. Dr. K Street No. 173
 Address
 Remarks Dr. Maurer

RETURN OF A BIRTH,

53533

RETURN OF A BIRTH,

53593

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Birth
1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) Wet
3. Date of Birth 31 January
4. Place of Birth, (Street and Number) 408 1/2 Street No 121
5. Full Name of Mother Elizabeth Hergel
6. Mother's Maiden Name " " Hilblum
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Hergel
9. Father's Occupation
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return.
- Address Bank Street No 143
- Remarks

Wm. H. Hargis

RECEIVED BY THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS

53593

RETURN OF A BIRTH

533311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

1st first
Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

31st of January 1882

4. Place of Birth, (Street and Number)

530 Lexington St

5. Full Name of Mother,

Anna F. Ritz

6. Mother's Maiden Name,

Anna F. Schaller

7. Mother's Birthplace,

Baltimore City. On W. Pratt St.

8. Full Name of Father,

August Ritz

9. Father's Occupation,

Employed at Fairbanks, Scale Co.

10. Father's Birthplace,

Baltimore, On Rose St.

Name of Medical Attendant, or other Person who makes this Return

As Dumbler

Address,

Shroeder St.

Remarks,

12131

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53535

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st. 2nd*
1. Sex (state whether Male or Female) *Boy.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *January 4th. 1882*
4. Place of Birth (Street and Number) *Bowdoy av. near Greenmont.*
5. Full Name of Mother *Mary McCrea*
6. Mother's Maiden Name *Mary Linnimus*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Thomas McCrea*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Balts. Co. Md.*
Name of Medical Attendant, or other Person who makes this Return. *Wilmer Drintow M.D.*
Address *25 1/2 Greenmont av*
Remarks *Very Presentation.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

with
Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 26. 8'2
Oct 42'2 Pine St

4. Place of Birth, (Street and Number)

Elisabeth Sundermeyer
Schwartz

5. Full Name of Mother,

6. Mother's Maiden Name,

Baltimore at 3

7. Mother's Birthplace,

8. Full Name of Father,

Henry J. Sundermeyer
Sherraker
Germany

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. D. D. D.
60 Schermer St

Remarks,

and the name of the mother of such child or children.

RETURN OF A BIRTH 53557

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29th Jan 1889

4. Place of Birth, (Street and Number)

192 Franklin St

5. Full Name of Mother,

Mathilda Schleunes

6. Mother's Maiden Name,

Mathilda Martzmann

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father.

Francis Schleunes

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Hallau Germany

Name of Medical Attendant, or other Person who makes this Return

M. Helldmann M.D.

Address,

120 Bal St Baltimore

Remarks,

of the mother, and the name of the mother of such child or children.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

9th
male
29th Jan 1882
192 Franklin St.
Mathilda Schleunes
Mathilda Martymann
Milan Czechia
Francis Schleunes
Merchant
Wallau Germany
Mathilda Martymann M. J.
120 Carl St. Baltimore

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 23rd

4. Place of Birth (Street and Number) December 1894

5. Full Name of Mother Charles St. 314

6. Mother's Maiden Name Annie B. Walker

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Samuel R. Watkins

9. Father's Occupation Sail Maker

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Caskey

Address 134

Remarks Living Well

condition, whether still born or not, the full name, nativity,
name of the mother of such child or children.

Missing 53539-54007, incl.

General Affidavit

Antelope House
5/10/08

General Affidavit
State of Maryland
Baltimore City Court

Caliphant 1-1-1
54.008

This is to certify that on this 7th day of June
1916, before me personally appeared Thomas J.
Simms, and made oath in due form of law
that the name in Health certificate should
be ~~Margaret E. Thompson~~ of Margaret E.
Livingston ^{instead of Thompson's} which was her maiden name
before her marriage to John C. Keeler.

Thomas J. Simms

subscribed and sworn to before
me this 7th day of June 1916

R. Henry T. Daly Jr.

For Record
See large book
now

June 8/16

Missing 54009-54180,
incl.

1511 RETURN OF A BIRTH 54181

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *March 1st 1891*

Place of Birth, (Street and Number) *#188 Alice Ann St.*

Full Name of Mother, *Francis J. Thompson*

Mother's Maiden Name, *Francis Jacobson*

Mother's Birthplace, *Germany*

Full Name of Father, *Henry Thompson*

Father's Birthplace, *Saxony*

Place of Birth, *Germany*

Signature of Person who makes the Return, *Mrs. Mary E. Thompson*

Address, *101 Washington St.*

idence

all born or not, the full name, nativity, and condition of the mother of such child or child.

within

born. If

of the part

57x182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

February March 1st 1882

4. Place of Birth (Street and Number)

54 1/2 St. Avenue

5. Full Name of Mother

Emma Fisher

6. Mother's Maiden Name

Emma Beck

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John Fisher

9. Father's Occupation

Stock-fitter

10. Father's Birthplace

Baltimore Md

of Medical Attendant, or other Person who makes this Return.

Oct. Hoske M.D.

Remarks

*Lives - 513 Light St -
2nd Child still born -*

5718 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *Cottolich*

3. Date of Birth, *March 7th 1882*

4. Place of Birth, (Street and Number) *543 E. Lexington*

5. Full Name of Mother, *Ruth Johnson*

6. Mother's Maiden Name, *Ruth Priel*

7. Mother's Birthplace, *Kabrigi*

8. Full Name of Father, *William Priel*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Chelloty pueter mid wife*

Address, *also to Calton st*

Remarks,

4184 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race) ..
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother, ..
6. Mother's Maiden Name,
7. Mother's Birthplace, ..
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, ..

Remarks, ..

1st
Male
White
March 2nd 82
19 Stockholm St.
Carolina Reed
" Sick
Baltimore
Thomas Reed
Glass - blower
Baltimore
Mary Smith
328 f. E. St.

Learn, its or their physical condition, whether still-born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

57x185

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

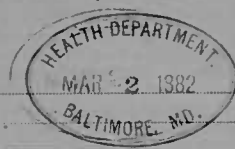
March 1st
Balt. Md. 223 Sandoga
Sadie McCarty
Middlesex Co Va
Horace McCarty
Confectioner
Richmond Co Va
Mrs Annie Gerson
No 92 Gerson St

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *H 7th*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *Caucasian*

3. Date of Birth *March 2d 1882*

4. Place of Birth (Street and Number) *101 Knox Court*

5. Full Name of Mother *Martha Stansbury*

6. Mother's Maiden Name *Martha Cole*

7. Mother's Birthplace *Baltimore Co*

8. Full Name of Father *Allen Stansbury*

9. Father's Occupation *Stationer*

10. Father's Birthplace *Collier's County*

Name of Medical Attendant, or other Person who makes this Return. *Charles H. Hearn*

Address *258 Babcock St*

Remarks *None*

within six days the entire, stating distinctly the time of birth, sex, and name of the mother of children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

574187

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) W
 3. Date of Birth 2nd March 1882
 4. Place of Birth (Street and Number) 126 Nic Henry
 5. Full Name of Mother Mary E. Leiff
 6. Mother's Maiden Name " Barry
 7. Mother's Birthplace Ireland
 8. Full Name of Father Benjamin Leiff
 9. Father's Occupation Fireman
 10. Father's Birthplace Ind
 Name of Medical Attendant, or other Person who makes this Return. H. W. Webster M.D.
 Address 57 Barrett
 Remarks

57188 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) *3rd*
 2. Sex, (state whether male or female) *Female*
 3. Race or Color, (if not of the white race) *White*
 4. Date of Birth, *March 2nd 1882*
 5. Place of Birth, (Street and Number)
 6. Full Name of Mother, *Sarah Cook*
 7. Mother's Maiden Name, *Sarah Crawford*
 8. Mother's Birthplace, *Balt city, Md*
 9. Full Name of Father, *Charles Cook*
 10. Father's Occupation, *Clerk*
 11. Father's Birthplace, *Balt city, Md*
 Name of Medical Attendant, or other Person who make this Return, *Elizabeth Hinton*
 Address, *No 666 N. Charles St*
 Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Boy*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *March 3rd 1902*

4. Place of Birth (Street and Number) *No. 4 Philpot Alley*

5. Full Name of Mother *Kate E. Greeley*

6. Mother's Maiden Name *Hessie Busch*

7. Mother's Birthplace *Prussia Ger.*

8. Full Name of Father *Henry Greeley*

9. Father's Occupation *Confectioner*

10. Father's Birthplace *Baltimore Co.*

Name of Medical Attendant, or other Person who makes this Return. *Joanna Lauer*

Address

Remarks

54190

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

88 Child

2. S. x, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

1 of March 1882

5. Place of Birth, (Street and Number)

362 Canton St.

6. Full Name of Mother,

Mary Lizzie Mathany

7. Mother's Maiden Name,

Fayler

8. Mother's Birthplace,

Inner Set Co.

9. Full Name of Father,

James Mathany

10. Father's Occupation,

Saloon

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

W. R. Patterson Park St.

Remarks,

Died on the third day of March between 6 and 7 Months



4191

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
2. Sex, (state whether male or female) *Girl*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *1st of March, 1882.*
5. Place of Birth, (Street and Number) *No. 6 South Hall Street.*
6. Full Name of Mother, *Barbra King.*
7. Mother's Maiden Name, *Barbra Henckemiller.*
8. Mother's Birthplace, *Baltimore.*
9. Full Name of Father, *Bern Henckemiller*
10. Father's Occupation, *Machinery.*
11. Father's Birthplace, *Germany.*
Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
Address, *11 North Chappel Street per Justina Kunkel.*
Remarks, *Healthy*

5419 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

2. Sex, (state whether male or female) *Male*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *March 3rd / 82*

5. Place of Birth, (Street and Number) *#6 Emerson St*

6. Full Name of Mother, *Emily Smith*

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father, *Martin Smith*

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return *Emily Holmes*

Address, *33. Poplar St. Balto*

Remarks,

54173 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child Charles Ewing Easter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 14 1892

4. Place of Birth, (Street and Number)

10219 N. Calver St.

5. Full Name of Mother,

Ella Easter

6. Mother's Maiden Name,

Ella Rogers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Henry Easter

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Reginald Buckler M.D.

Address,

35 N. Charles St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

574.194

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 2nd March 21
4. Place of Birth (Street and Number) Charles St. 123.
5. Full Name of Mother Julia Preston
6. Mother's Maiden Name Julia Elliot
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father George Preston
9. Father's Occupation Boiler Maker
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Mary R. Caskey
- Address 1341 Hamburg St.
- Remarks Dying Well

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the resident name of the mother of such child or children.

574195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

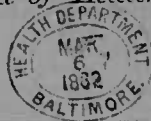


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 2d 1880
4. Place of Birth (Street and Number) 258 Babcock st
5. Full Name of Mother
6. Mother's Maiden Name Abigail Young
7. Mother's Birthplace Colhurst Co.
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Chas. L. H. Mann
- Address 258 Babcock st
- Remarks Born sick not expecting to live

54196 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- | | |
|---|-------------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 5th Child |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Mar 2 ^d 21 |
| 4. Place of Birth, (Street and Number) | 237 Mad. Ave |
| 5. Full Name of Mother, | Jeannette Lucas |
| 6. Mother's Maiden Name, | Jeannette Brooks |
| 7. Mother's Birthplace, | Maryland |
| 8. Full Name of Father, | Wm. J. Lucas |
| 9. Father's Occupation, | Agent B. & O. F. F. Co. |
| 10. Father's Birthplace, | Maryland |
| Name of Medical Attendant, or other Person who makes this Return. | J. H. Smith |
| Address, | 10. 2. Cathedral St. |
| Remarks, | |

Hereafter, stating distinctly the race or origin, sex, and color of the child or children born, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

57.197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 S.

1. Sex (state whether male or female) Male Female

2. Race or Color (if not of the white race) White

3. Date of Birth 2nd March 2

4. Place of Birth (Street and Number) Charles St

5. Full Name of Mother Annie Ryan

6. Mother's Maiden Name Annie Smith

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Ryan

9. Father's Occupation Driver

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mary R. Caskey

Address 134. Hamburg St

Remarks Living Well

574/98 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

gtr

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race) .

white

- 3.
- Date of Birth,*

White
3^d of March 3^d

4. *Place of Birth, (Street and Number)*

246 W. Pratt St

5. Full Name of Mother, ..

Maria Klein

6. *Mother's Maiden Name,*

M. Virel

7. *Mother's Birthplace,*

Minden Germany

8. *Full Name of Father,*

David Klein

- Father's Occupation,**

Tennet

10. *Father's Birthplace,*

Mannburg Germany

Name of Medical Attendant, or other Person who makes this Return

W. H. Hildman M.D.

Address,

120 Pearl St. Baltimore

Remarks,

RETURN OF A BIRTH.

within six days thereafter, stating distinctly the date and hour of birth, the name of the child, the name of the mother, and the name of the father, and the name of the medical attendant, and the name of the person who makes this return.

54199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

468 14 Lombard st

4. Place of Birth (Street and Number)

March 5th 1887

5. Full Name of Mother

Emma F. Perkins

6. Mother's Maiden Name

Emma F. Perkins

7. Mother's Birthplace

B. C.

8. Full Name of Father

John Perkins

9. Father's Occupation

machinist

10. Father's Birthplace

B. C.

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. H. H. H. H.

Address

1191 Broadway Ave

Remarks

5420 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

7th
Male

White

4 March 4th

139 Lexington St.

Marie Schann

Marie Salchow

Germany

Charles Schann

Farrier

Germany

St. Andrew

No. 2 Cathedral St.

5742 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish W

3. Date of Birth, 4 March 1882 4

4. Place of Birth, (Street and Number) 32 Little Mt. Elderly St.

5. Full Name of Mother, Rebecca Heims

6. Mother's Maiden Name, Harris

7. Mother's Birthplace, Prussia Pellen

8. Full Name of Father, Harris Heims

9. Father's Occupation, Taylor

10. Father's Birthplace, Prussia Pellen

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4.20 **RETURN OF A BIRTH** 54202

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

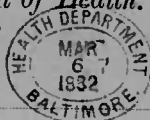


1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) white
4. Date of Birth, 4 March 1889 4
5. Place of Birth, (Street and Number) 91 Low street
6. Full Name of Mother, Rosa W. Niemeyer
7. Mother's Maiden Name, this
8. Mother's Birthplace, Ireland
9. Full Name of Father, Fred. W. Niemeyer
10. Father's Occupation, Basket maker
11. Father's Birthplace, Heiss on Germany
12. Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Billing
13. Address, N 48 Ball and St Balt Md.
14. Remarks, 1

54203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 4th 1882

4. Place of Birth (Street and Number) N. E. St. Albans St

5. Full Name of Mother Miriam Allen

6. Mother's Maiden Name Miriam Brown

7. Mother's Birthplace Montgomery Co.

8. Full Name of Father S. W. Allen

9. Father's Occupation Laborer

10. Father's Birthplace Annapolis

Name of Medical Attendant, or other Person who makes this Return. Charlotte M. Marn

Address 256 St. Albans St

Remarks None

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

54204 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

March 4 1882

4. Place of Birth (Street and Number)

Murcell St north of Lexington

5. Full Name of Mother

Catharine Brown

6. Mother's Maiden Name

Catharine Brooks

7. Mother's Birthplace

Pennsylvania Co Va

8. Full Name of Father

James Brown

9. Father's Occupation

Driver

10. Father's Birthplace

Balto. Co Md

Name of Medical Attendant,

or other Person who makes this Return.

Dr. Jordan

Address

126 Mulberry St.

Remarks

I did not attend but was called in shortly afterward, a woman attended the birth.

57420 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether ~~male~~ female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 1st 1882.*

4. Place of Birth, (Street and Number) *L. Dallas St. No. 28.*

5. Full Name of Mother, *Lepha Chncil*

6. Mother's Maiden Name, *Lepha Nass*

7. Mother's Birthplace, *Biedingen, Gr. Hessian, Germany*

8. Full Name of Father, *Friedrich Chncil*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Kingsham, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *L. Dallas St. No. 28.*

Remarks.

54200. RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) white race

3. Date of Birth March the 1st

4. Place of Birth, (Street and Number) Baltimore Sande St No 16

5. Full Name of Mother alic Myers

6. Mother's Maiden Name alic white

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Myers

9. Father's Occupation labourer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elisabeth Plathaus

Address William st No 344

Remarks

RETURN OF A BIRTH

54207 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



of the mother, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *W*
3. Date of Birth, *March 1st 1882*
4. Place of Birth, (Street and Number) *No 506 Light St*
5. Full Name of Mother, *Mathilda Vogel*
6. Mother's Maiden Name, *Prosser*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Frank Vogel*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this return *J. Schwaesser midwife*
- Address *330 Hanover St.*
- Remarks

54208 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d Child

Female



1. Sex, (state whether male or female)

2. Race or Color, (if ~~not~~ of the white race)

W

3. Date of Birth,

March 1st 1882

4. Place of Birth, (Street and Number)

345 S. Sharp St.

5. Full Name of Mother,

Minnie J. Swindell

6. Mother's Maiden Name,

" " Borschell.

7. Mother's Birthplace,

Balto. City -

8. Full Name of Father,

David R. Swindell.

9. Father's Occupation,

Blas blowers -

10. Father's Birthplace,

Balto. City -

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall.

Address

152 Sharp St.

Remarks,

54209 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

At the birth of this child, give the maiden name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 2, 1882*
4. Place of Birth, (Street and Number) *Hulihen St., No. 9*
5. Full Name of Mother, *Mary Billiaux*
6. Mother's Maiden Name, *Mary Schelberger*
7. Mother's Birthplace, *Bism. Pr. Prussia, Germany*
8. Full Name of Father, *Christian Billiaux*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Bism. Pr. Prussia, Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mary E. Muller*
- Address, *11. 11. 11. 11. 11.*
- Remarks.



2

574210
of the parents, and the maiden name of the mother of such child or children."

574210 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 2. 1881.* *2*
4. Place of Birth, (Street and Number) *Alice Ann St. No. 418.*
5. Full Name of Mother, *Magdalena Becker*
6. Mother's Maiden Name, *Magdalena Zippel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Becker*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Harry C. Miller*
- Address, *W. Dallas St. No. 26.*
- Remarks,

5421 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *on the 2 day of march 1892* *2*
4. Place of Birth, (Street and Number) *Balt City 202 Sarah ann St*
5. Full Name of Mother, *E Elizabeth Smith*
6. Mother's Maiden Name, *E Elizabeth Read*
7. Mother's Birthplace, *Balt City*
8. Full Name of Father, *Thomas E Smith*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Balt B-co*
- Name of Medical Attendant, or other Person who makes this Return *Sammy Snowden*
- Address. *No 60 Sarah ann St Balt mds*
- Remarks. *I am perfectly satisfied with the attention.*

For the purpose of this return, the name of the mother of said child or children.

54212 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
 2. Sex, (state whether male or female) *Female*
 3. Race or Color, (if not of the white race) *Colored*
 4. Date of Birth, *2d Mch. 1882* 2
 5. Place of Birth, (Street and Number) *85 N. 1st St*
 6. Full Name of Mother, *Mary J. Sanders*
 7. Mother's Maiden Name, *Mary J. Walker*
 8. Mother's Birthplace, *Baltimore Md*
 9. Full Name of Father, *Wm J. Sanders*
 10. Father's Occupation, *Labourer*
 11. Father's Birthplace, *Baltimore Md*
 12. Name of Medical Attendant, or other Person who makes this Return *Dr. Geo. Walker*
 Address, *No. 10 E. Newcomen St*
 Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

54213 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 3, 1882*

4. Place of Birth, (Street and Number) *N. Friedrich St., No. 53*

5. Full Name of Mother, *Helene Moleschky*

6. Mother's Maiden Name, *Helene Parizic*

7. Mother's Birthplace, *Launenburg, W. Prussia, Germany*

8. Full Name of Father, *Theodor Moleschky*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Launenburg, W. Prussia, Germany*

Name of Medical Attendant, or other Person who takes this return *Harry E. Miller*

Address, *N. Calver St., No. 26*

Remarks,

name of the mother of such child or children.

54214 RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth March 3rd 1882

4. Place of Birth, (Street and Number) Baltimore city 463 N. Calhoun st.

5. Full Name of Mother Annie P. Figue

6. Mother's Maiden Name Annie P. Murty

7. Mother's Birthplace Cumberland Md.

8. Full Name of Father Jacob Figue

9. Father's Occupation Coal Dealer

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address No 7 Patterson Avenue

Remarks

Mrs. Carroll

574215 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

Black

4. Date of Birth,

March 3 1882

5. Place of Birth, (Street and Number)

128 East 1st St

6. Full Name of Mother,

Mar Deshields

7. Mother's Maiden Name,

Mar. Jones

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Ben Deshields

10. Father's Occupation,

Thresher

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. E. Gray

Address,

193 Chester St

Remarks,

Healthy

of the parents, and the maiden name of the mother of each child or children.¹²

8
574216.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

of two & half



1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 5, 1882*
4. Place of Birth, (Street and Number) *S. Castle, A. 14, 22,*
5. Full Name of Mother, *Margaretha Bair*
6. Mother's Maiden Name, *Margaretha Kalle,*
7. Mother's Birthplace, *Leuzendorf, B. Baiern, Germany*
8. Full Name of Father, *Georg Bair*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Kalberberg, B. Baiern, Germany*
Name of Medical Attendant, *or other Person who makes the return* *Harry E. Miller*
Address, *13 Dallas St. A. 14, 22*
Remarks,

4217

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth.

2. Sex, (state whether male or female)

Male.

3. Race or Color, (if not of the white race) ..

White.

4. Date of Birth, ..

5th March 1882.

5. Place of Birth, (Street and Number)

464 N. Fremont St.

6. Full Name of Mother, ..

Catherine Hodgson.

7. Mother's Maiden Name, ..

Catherine Miller.

8. Mother's Birthplace, ..

City.

9. Full Name of Father, ..

James Theodore Hodgson.

10. Father's Occupation, ..

Shoe Maker

11. Father's Birthplace, ..

Rochester, New York.

12. Name of Medical Attendant, or other Person who made this Return

A. M. Belt, M. D.

Address, ..

Cor. St. Paul & Madison Sts.

Remarks, ..

574218

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *our child*

2. Sex, (state whether male or female) *Female*

3. Race or Color, (if not of the white race) *Colored race*

4. Date of Birth, *March 5th*

5. Place of Birth, (Street and Number) *122 Regester st*

6. Full Name of Mother, *Mary Elizabeth Jenkins*

7. Mother's Maiden Name, *Mary Elizabeth Jenkins*

8. Mother's Birthplace, *Baltimore city*

9. Full Name of Father, *Harvey Jenkins*

10. Father's Occupation, *laborer*

11. Father's Birthplace, *Marion county*

Name of Medical Attendant, or other Person who makes this Return *Lucy Mafford*

Address, *135 Regester st.*

Remarks,

54219

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

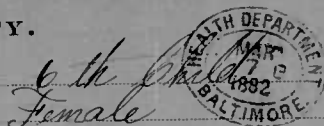
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.



March 6th 1882
No 386 Hanover St
Bertha Stallman
Müller
Germany
Peter Stallman
Cabinet maker
Germany
J. Sobroassery midwife
330 Hanover St

Condition, whether still born or not, the full name, nativity, and residence of the parents, and, in children, name of the mother of such child or children.

54220 RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 1st 1882
4. Place of Birth, (Street and Number) N^o 2 Portland St
5. Full Name of Mother Margaret Jackson
6. Mother's Maiden Name Margaret DeGant
7. Mother's Birthplace Baltimore
8. Full Name of Father George Jackson
9. Father's Occupation Shoemaker
10. Father's Birthplace England
Name of Medical Attendant, or other Person who makes this return. Catharine Hornum
Address N^o 18 Byrd St
Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

4.221.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) "Colored"
3. Date of Birth March 2nd 1882 2
4. Place of Birth, (Street and Number) 4 1/2 Jessup St
5. Full Name of Mother Mary Rose Flint
6. Mother's Maiden Name Grooms
7. Mother's Birthplace Balto. City
8. Full Name of Father James William Flint
9. Father's Occupation Barber
10. Father's Birthplace Boston, Mass.
Name of Medical Attendant, or other Person who makes this Return. Dr. W. Knight M.D.
Address 112 N. Greene St
Remarks _____

7222 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 March 1882

4. Place of Birth, (Street and Number) Baltimore Duncan & Big No 14

5. Full Name of Mother, Barbara Omerlein

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Omerlein

9. Father's Occupation, Millwright

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. J. P. H. 1

Address 69 N. Washington St

Remarks, None



W. H. & CO., CITY PRINTERS AND STATIONERS

11105

571 445

RETURN OF A BIRTH

57.223.

born, its or their physical condition, whether still born or not, the full name, nativity, an
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th & 5th*
1. Sex (state whether Male or Female) *Both Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 3rd 1892*
4. Place of Birth (Street and Number) *16 Baker St*
5. Full Name of Mother *Lizzie Koulhepp*
6. Mother's Maiden Name *Blicker*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Koulhepp*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Balto -*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Chas E Sattler M.D.
605 Druid Hill Ave
None, as indicated above

RETURN OF A BIRTH

74224
Name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11. 5

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

11. 3 of May

3.

4. Place of Birth, (Street and Number)

17 17 17

5. Full Name of Mother

Lise Wilber

6. Mother's Maiden Name

Lise Carigan

7. Mother's Birthplace

Scotland

8. Full Name of Father

Jeremiah Carigan

9. Father's Occupation

Laborer

10. Father's Birthplace

St. Ireland

Name of Medical Attendant, or other Person who makes this return

Address

162 162 162

Remarks

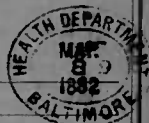
175 175 175

574.225
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth
4. Place of Birth, (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
Name of Medical Attendant, or other Person who makes this Return
Address
Remarks

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth The 3 of May
4. Place of Birth, (Street and Number) 1713 E. Bay St.
5. Full Name of Mother Siles Salermann
6. Mother's Maiden Name Siles Wanner
7. Mother's Birthplace Germany
8. Full Name of Father Emil Wanner
9. Father's Occupation Laber
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return Miss Christina Sauer
Address 1713 Harper St.
Remarks 58.

4226 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

2. Sex, (state whether male or female) Girl

3. Race or Color, (if not of the white race) White

4. Date of Birth, 5th of March 1882

5. Place of Birth, (Street and Number) 50 S. Mayor Street

6. Full Name of Mother, Victoria Hofield.

7. Mother's Maiden Name, Victoria Leacock

8. Mother's Birthplace, Howard county.

9. Full Name of Father, Thomas S. Leacock.

10. Father's Occupation, Painter

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 11 North Campbell Street per Justina Kunkel.

Remarks, Healthy.

54224
If the child is born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1 Sex (state whether male or female)

Male

2 Race or Color, (if not of the white race)

White

3 Date of Birth

the 5 of May

4 Place of Birth, (Street and Number)

No 211 East Central ave.

5 Full Name of Mother

Magge Hale

6 Mother's Maiden Name

Magge Whise

7 Mother's Birthplace

Baltimore

8 Full Name of Father

Charles Whise

9 Father's Occupation

Labor

10 Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1234

RETURN OF A BIRTH

574.228 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *6th Child*
Boy
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5th of March 1882.*
4. Place of Birth, (Street and Number) *133 Urban Street.*
5. Full Name of Mother, *Alice G. Sweet*
6. Mother's Maiden Name, *Alice G. Schute*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles H. Schute*
9. Father's Occupation, *Carpenter.*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Chresantia Kunkel*
Address, *71 North Chappel street per Justia Kunkel.*
Remarks, *Healthy.*

Considered
574229
consolidation, whether still born or not, the full name, nativity, and residence of the parents, and name of the mother of such child or children.

574229 RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 6

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

The 6 of March

4. Place of Birth, (Street and Number)

244 Broadway

5. Full Name of Mother

Maggie Albert

6. Mother's Maiden Name

Maggie Clements

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Norman Augustus Clements

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Christina Lauer

Address

177 Slater Street

Remarks

177 Slater Street

1552

54230

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First.
Female
White
March 2nd / 82
1718 St. Ennys Alley.
Mary E. Rutz.
Mary E. Collins.
Baltimore City, Md.
William Rutz.
Baltimore.
Baltimore City, Md.
Mrs. Clara Hemmings.
95 W. Main St.
(City)

of this parents, and the maiden name of the mother of such child or children."

54231

RETURN OF A BIRTH

54231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Col

3. Date of Birth,

March 6th 1892

6

4. Place of Birth, (Street and Number)

N. E. Cor. Canton and Beattie

5. Full Name of Mother,

Elizabeth Stanley

6. Mother's Maiden Name,

Butler

7. Mother's Birthplace,

Washington D. C.

8. Full Name of Father,

Robert E. Stanley

9. Father's Occupation,

Dyeing Dealer

10. Father's Birthplace,

Bald Md

Name of Medical Attendant, or other Person who makes this Return

J. L. Winters

Address,

714 So. Broadway

Remarks,

54232

54232

RETURN OF A BIRTH

54232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

2. Sex, (state whether male or female) Boy

3. Race or Color, (if not of the white race) White

4. Date of Birth, 7th of March 1892

5. Place of Birth, (Street and Number) 89 Mulligan Street.

6. Full Name of Mother, Mary Wells

7. Mother's Maiden Name, Mary Killman

8. Mother's Birthplace, Baltimore

9. Full Name of Father, John Killman

10. Father's Occupation, Laborer

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return 21 North Chappel Crescentia Kunkel

Address, 21 North Chappel street per Justina Kunkel

Remarks, Sickly

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and residence of the parents, and the name of the mother of such child or children

57233

RETURN OF A BIRTH.

57233

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 2nd 1882*
4. Place of Birth (Street and Number) *No 5 Lemon Alley*
5. Full Name of Mother *Mary Alice O'Neil*
6. Mother's Maiden Name *Mary Alice Cummings*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John O'Neil*
9. Father's Occupation *Mechanic*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *J. String M.D.*
- Address *41 St. Cadogan St*
- Remarks

2

57234

54234 RETURN OF A BIRTH 54234

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of this parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, 4 March 2nd 1882 25
 4. Place of Birth, (Street and Number) 2 Bond St Barret
 5. Full Name of Mother, Elija Hughes
 6. Mother's Maiden Name, Elija Bird
 7. Mother's Birthplace, Balto Md
 8. Full Name of Father, James Hughes
 9. Father's Occupation, Crocker Shucker
 10. Father's Birthplace, Balto Md
 Name of Medical Attendant, or other Person who makes this Return, Harriet Jackson
 Address, 45 Garrett St
 Remarks,

R. PIET, PRINTER & STATIONER, BALT.

54235 RETURN OF A BIRTH 54235

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54235

RETURN OF A BIRTH.

54235

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* 1882
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Col*
3. Date of Birth *March 3*
4. Place of Birth (Street and Number) *139 Dallas street*
5. Full Name of Mother
6. Mother's Maiden Name *Gene Green*
7. Mother's Birthplace *Ellenland*
8. Full Name of Father *Wm. Gird*
9. Father's Occupation *Back yard of Body*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Carlie Goots 15 horn st.*
- Address
- Remarks

54236

born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

54236

RETURN OF A BIRTH.

54236

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
- 1. Sex (state whether Male or Female) *Male*
- 2. Race or Color (if not of the white race) *White*
- 3. Date of Birth *March 2nd 1882*
- 4. Place of Birth (Street and Number) *Cor. Greenmount Ave. & Chase St.*
- 5. Full Name of Mother *Theresa A. Simon*
- 6. Mother's Maiden Name *Nixon*
- 7. Mother's Birthplace *Baltimore, Md.*
- 8. Full Name of Father *Wm. B. Shaw*
- 9. Father's Occupation *Boat Dealer*
- 10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Dr. B. A. Rider*
- Address *87 Madison St.*
- Remarks

4

17. 5. 2. 7

RETURN OF A BIRTH

54237

54237

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 4th*
4. Place of Birth, (Street and Number) *150 Bank St. Mary Ashes*
5. Full Name of Mother, *Barssich*
6. Mother's Maiden Name, *Balto*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Seibner*
9. Father's Occupation, *Balto*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *James Gasper*
- Address, *72 E. Lombard St*
- Remarks,

7238

52,238

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
2. Sex, (state whether male or female) *Female*
3. Date of Birth, *March 5* *5*
4. Place of Birth, (Street and Number) *Thru between Bank & Center St*
5. Full Name of Mother, *Barbara Buchanan*
6. Mother's Maiden Name, *Boutzmann*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Chas Buchanan*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, *Dr. J. C. Galt*
or other Person who makes this Return
- Address, *22 E Lombard St*
- Remarks,

574239

574239

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. **Sex**, (state whether male or female) Male

2. **Race or Color**, (if not of the white race) 5

3. **Date of Birth**, March 13

4. **Place of Birth**, (Street and Number) 87 E. Lombard St

5. **Full Name of Mother**, North Sullivan

6. **Mother's Maiden Name**, Reyn

7. **Mother's Birthplace**, Balto

8. **Full Name of Father**, James Sullivan

9. **Father's Occupation**, Teacher

10. **Father's Birthplace**, Illinois

Name of Medical Attendant, or other person who makes this Return Samuel Cooper

Address, 87 E Lombard St

Remarks, _____

574240

RETURN OF A BIRTH

54240

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

5th March

5

5. Place of Birth, (Street and Number)

292 E. Madison st

6. Full Name of Mother,

Mary E. Parton

7. Mother's Maiden Name,

Mary E. Tapp

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Henry Spelton

10. Father's Occupation,

Teacher

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Hall

Address,

129 S. Indiana st

Remarks,

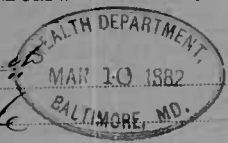
54241

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54241

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 6th 1882

4. Place of Birth, (Street and Number)

Baltimore North St. N. 216

5. Full Name of Mother,

Annie Cranester

6. Mother's Maiden Name,

Marfield

7. Mother's Birthplace,

Sykesville

8. Full Name of Father,

Louis Cranester

9. Father's Occupation,

Machinist

Father's Birthplace,

Pennsylvania

Name of Medical Attendant; or other Person who makes this Return

Wm. C. Mitchell

Address,

N. 38 Parkin St

Remarks.

54242

of the name, date of birth, sex, race, color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, address, remarks, of the parents, and the maiden name of the mother of such child or children."

54242 RETURN OF A BIRTH 57242
To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Mar 6 1882*
4. Place of Birth, (Street and Number) *Maternity 161 N. Lombard St.*
5. Full Name of Mother, *S. H. Marins*
6. Mother's Maiden Name, *do*
7. Mother's Birthplace, *Wake County N.C.*
8. Full Name of Father, *Unknown*
9. Father's Occupation, *do*
10. Father's Birthplace, *do*
Name of Medical Attendant, or other Person who makes this return *Dr. Mcintosh*
Address, *Maternity Hospital 161 N. Lombard St*
Remarks, *Parturient Sept Post. Illegitimate
Forceps Low operation*



of the parents, and the maiden name of the mother of such child or children."

4243 RETURN OF A BIRTH 54243
To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *March 6 1882*
4. Place of Birth, (Street and Number) *55- Burgundy Alley*
5. Full Name of Mother, *Lettie Wilson*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Calvert County Maryland*
8. Full Name of Father, *Basil W. Wilson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Calvert County Maryland*
Name of Medical Attendant, or other Person who makes this Return *Deborah Thomas*
Address, *71 Burgundy Alley*
Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, whether born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

7th. March 1892

4. Place of Birth (Street and Number)

E. Lombard Street 229

5. Full Name of Mother

Maggie Schorr

6. Mother's Maiden Name

Lager

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Georg Schorr

9. Father's Occupation

Baker

10. Father's Birthplace

Annapolis, Maryland

Name of Medical Attendant, or other Person who makes this Return.

William Henkel M.D.

Address

S. Wolpert 11th.

Remarks

100,000,000 of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

Male

W

March 2

30 Alexander St

Mary Ann Meyer

Schur

Baltimore

Joseph Ann Meyer

Sailor

Germany

Dr. J. H. ...

21 E. Lombard St

17

Print, in or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Name James Connell
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *W*
3. Date of Birth, *March 7*
4. Place of Birth, (Street and Number) *176 Casual St*
5. Full Name of Mother, *Ellen Conlon Connell*
6. Mother's Maiden Name, *Whalen*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John Peter Connell*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *James J. J. J.*
- Address, *22 E. Lombard St*
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and age of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- 524247
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 7
4. Place of Birth, (Street and Number) 60 President St
5. Full Name of Mother, Mama Toni
6. Mother's Maiden Name, Maria
7. Mother's Birthplace, Italy Sicily Toni
8. Full Name of Father, " "
9. Father's Occupation, Grinder
10. Father's Birthplace, Italy
- Name of Medical Attendant, or other Person who makes this Return Joseph Casper
- Address, 27 E. Lombard St
- Remarks, _____
- 7

Will fill six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

54,248.

RETURN OF A BIRTH.

54248

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth March 7th

4. Place of Birth (Street and Number) 18 Little pine street

5. Full Name of Mother Mary Smith

6. Mother's Maiden Name Mary J. Willes

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Smith

9. Father's Occupation porter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Annie Johnson

Address 72 Idgem street

Remarks

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54249 RETURN OF A BIRTH 54249

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7⁵⁴

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Basa Harris

6. Mother's Maiden Name,

Basa Jackson

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Robert Harris

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Harnet Jackson

Address,

45 Forrest St

Remarks,

Form, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

March 8

32 E. Fayette St

Louise Schlich

Scholdy

Prussia

Wm. Schlich

Clerk

Prussia

Samuel Meyer

22 E. Lombard St

born, is or was physical condition, whether still born or not, the full name, nativity, an residence of the parents, and the maiden name of the mother of such child or children."

574.257, RETURN OF A BIRTH 574257,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 8th 1892

4. Place of Birth, (Street and Number) No 116 Randall St

5. Full Name of Mother, Mary E. Woodson

6. Mother's Maiden Name, Mary E. Chambers

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James Treason

9. Father's Occupation, Fireman at Gas House

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who
make this Return Elizabeth Hinton

Address, No 666 N. Charles St

Remarks.

born, its or their physical condition, whether still-born or not, the full name, nativity, age, sex, of the parents, and the maiden name of the mother of such child or children.

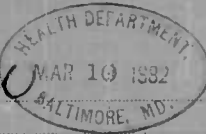
54252

RETURN OF A BIRTH

54252

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY:



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *the 7 March* 8
4. Place of Birth, (Street and Number) *503 W. Lombard St*
5. Full Name of Mother, *Lucy W. Casey*
6. Mother's Maiden Name, *Lucas W. Kimball*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm E. Casey*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this return, *J. B. Brown M.D.*
- Address, *187 Hollins St*
- Remarks,

RETURN OF A BIRTH

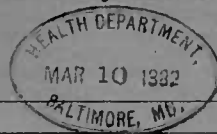
54253

If creating, state distinctly the date of birth, sex, and color of the child or children born, its or their condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

74 253, RETURN OF A BIRTH, 54253

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. *Third*

1. Sex (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *March 8th 1882*

4. Place of Birth, (Street and Number) *No 9 Barrington St East Point*

5. Full Name of Mother *Ellen Rebecca Bell*

6. Mother's Maiden Name *Ellen Rebecca Sears*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Wilkes Bell*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return *Mary J. Gornal Midwife*

Address *No 317 Fort Avenue*

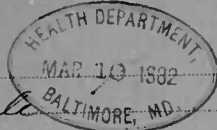
Remarks *Mother and babe doing well*

RETURN OF A BIRTH 57, 432

born, is or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March, 9th 1882

4. Place of Birth, (Street and Number)

Baltimore Schroeder St. No. 24

5. Full Name of Mother,

Annie Holland

6. Mother's Maiden Name,

Conse

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Holland

9. Father's Occupation,

Seaman

Father's Birthplace,

Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address

No. 28 Park St.

Remarks

74255

born, its or their physical condition, whether still-born or not, the full name, nativity, of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 574255

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Three.*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *white.*
4. Date of Birth, *March the first*
5. Place of Birth, (Street and Number) *179 Lemon Street*
6. Full Name of Mother, *Wilhelmine Cash*
7. Mother's Maiden Name, *Wilhelmine Cash*
8. Mother's Birthplace, *Danlous - Holstein*
9. Full Name of Father, *Gustave Eduard Adolph*
10. Father's Occupation, *Shoemaker*
11. Father's Birthplace, *Constance - Baden*
- Name of Medical Attendant, or other Person who makes this Return
- Address, *Mrs. G. Under*
- Remarks, *60 Schroeder St*

574255

574255

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54256

RETURN OF A BIRTH

54256

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 1, 1882
490 E. Eager St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Margaret C. Rogers
P. Cornell

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. H. Rogers

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Ch. W. May

Address,

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54257

RETURN OF A BIRTH

54257

In the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

March 2, 1882
Differden St-273
Estelle A. Garca
Cezayirlianer
Frederick Mue
John D. Garca
Painter
Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

574258

RETURN OF A BIRTH

574258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and age of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st; 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 2, 1892

4. Place of Birth, (Street and Number)

418 E. Pratt St.

5. Full Name of Mother,

Margaret K. Glick

6. Mother's Maiden Name,

Adams

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Augusta Glick

9. Father's Occupation,

Green Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

54259 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics,
BALTIMORE CITY.

Born, its or their physical condition, whether still-born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

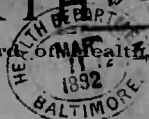
Second child.
Female
White.
Born at the Church St.
Belair Ave.
Bora St.
Cora Link.
Baltimore.
Fred. L. S.
Belle Grove.
Baltimore, Prussia.

COPY

That any physician, accoucheur, midwife, or nurse, shall report to the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child of child born, its or their physical condition, whether still born or not, the full name, nativity, and age of the parents, and the maiden name of the mother of such child or children."

54260 RETURN OF A BIRTH 54260

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

March 4. 1892

14

4. Place of Birth, (Street and Number)

84 W. Eden St.

5. Full Name of Mother,

Mary E. Whitlock

6. Mother's Maiden Name,

Wofford

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

James O. Whitlock

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Massachusetts

Name of Medical Attendant, or other Person who makes this Return

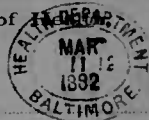
Address,

Remarks,

574261 RETURN OF A BIRTH 574261.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) slard
3. Date of Birth, mar 5 5
4. Place of Birth, (Street and Number) 28 jefferian st
5. Full Name of Mother, mary wright
6. Mother's Maiden Name, mary wallis
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, George wright
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore md
- Name of Medical Attendant, or other Person who makes this return mrs lea Johnson
- Address 21 short st
- Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, hereinafter, within six days thereafter, stating distinctly the date of birth, sex and color of the child, or children born, its or their Christian name, and the full name, nativity, age, occupation, and condition of the mother."

54202

RETURN OF A BIRTH

54202

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Annie Mannion

1 child



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

6th March 1882

4. Place of Birth, (Street and Number)

228 Battery St

5. Full Name of Mother

Leelia A. Mannion

6. Mother's Maiden Name

Leelia A. Gold

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

John J. Mannion

9. Father's Occupation

Brigadier

10. Father's Birthplace

Chicago

Name of Medical Attendant, or other Person who makes this Return

Mrs. Bonarway

Address

GIVEN NAME ADDED, 5-21-53, L.M.

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, on or within six days thereafter, stating distinctly the date of birth, sex and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, age, sex of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 6th 1892*

4. Place of Birth, (Street and Number) *216 Lee St*

5. Full Name of Mother, *Mary F. Wheeler*

6. Mother's Maiden Name, *Mary F. Holt*

7. Mother's Birthplace, *Bethesda Md*

8. Full Name of Father, *Jos E. Wheeler*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Bethesda Md*

Name of Medical Attendant, *Theodore Cook, M.D.*
or other Person who makes this Return

Address, *146 N. Hanover St*

GIVEN NAME ADDED.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

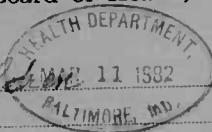
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residences of the parents, and the maiden name of the mother of such child or children."

574265

RETURN OF A BIRTH

574260

By the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 children

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, on the 7 of March

4. Place of Birth, (Street and Number)

103 Johnson st

Baltimore City

5. Full Name of Mother, Mrs Meyer Hinkle

6. Mother's Maiden Name, Miss Meyer Probst

7. Mother's Birthplace, Germany

8. Full Name of Father, William H Hinkle

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Conway

Address.

Remarks.

RETURN OF A BIRTH

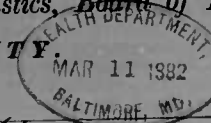
574266

Extract Regulations of the Board of Health to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

54266 RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *born on the 7th of March 1882*

4. Place of Birth, (Street and Number) *St. Fulton St.*

5. Full Name of Mother *John Paul*

6. Mother's Maiden Name *J. Hirsch*

7. Mother's Birthplace *born in Sachsen Germany*

8. Full Name of Father *Geo. Paul*

9. Father's Occupation *Night Worker*

10. Father's Birthplace *Born in the City of Balt.*

Name of Medical Attendant, or other Person who makes this return.

Address *1117 N. 1st St.*

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar addressed, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, whether born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54.267 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 7th 1882*

4. Place of Birth, (Street and Number) *111 Shopp St*

5. Full Name of Mother, *Lina Fleischer*

6. Mother's Maiden Name, *Lina Hartzen*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Leopold Fleischer*

9. Father's Occupation, *Clothier*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this return *Theodor Cook, M.D.*

Address, *146 N. Anne St*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar, hereinafter provided, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and whether born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

4,268 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Mar 7
4. Place of Birth, (Street and Number) 65 Dallas St
5. Full Name of Mother, Luisa Keys
6. Mother's Maiden Name, Luisa Williams
7. Mother's Birthplace, Harford Co Md
8. Full Name of Father, Noble Keys
9. Father's Occupation, Mans was Cook
10. Father's Birthplace, Dorchester Co Md
- Name of Medical Attendant, Mrs. Clara Johnson
or other Person who makes this Return
- Address, No 31 Short St
- Remarks, healthy child

Extract Regulations of the Board of Health to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54269 RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) W
3. Date of Birth March 6 1882 8
4. Place of Birth, (Street and Number) 158 N Calvert St
5. Full Name of Mother Catherine Garvey
6. Mother's Maiden Name Ben Kate
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Peter Garvey
9. Father's Occupation Livery Stable Keeper
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. J. H. Hatten
- Address 23 Franklin St
- Remarks _____

RETURN OF A BIRTH

54270

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



54270

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (6th)

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) white

3. Date of Birth March 8th 1882 8

4. Place of Birth (Street and Number) 344 Penn Ave

5. Full Name of Mother Anne R. Beans

6. Mother's Maiden Name " R. Verto

7. Mother's Birthplace Virginia

8. Full Name of Father William F. Beans

9. Father's Occupation Grocer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. C. Fawcett M.D.

Address _____

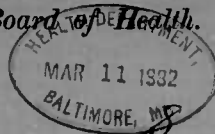
Remarks _____

Extract Regulations of the Board of Health to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

5427 / RETURN OF A BIRTH, 54271

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) with white
3. Date of Birth born on the 21st of March 1881 8
4. Place of Birth, (Street and Number) No. 9 Bruce St.
5. Full Name of Mother Sophia Plummer
6. Mother's Maiden Name Sophia Busher
7. Mother's Birthplace born in Baden, Germany
8. Full Name of Father Berthold Plummer
9. Father's Occupation Beer Brewer
10. Father's Birthplace born in Baden, Germany
- Name of Medical Attendant or other Person who makes this Return Mr. Miller
- Address 1017 W. Pratt St.
- Remarks _____

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, at least within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and whether born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54272

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



2725

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, mar '8 8

4. Place of Birth, (Street and Number) 90 orleans st

5. Full Name of Mother, Elizabeth dirtance

6. Mother's Maiden Name, Elizabeth Brooker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William dirtance

9. Father's Occupation, blackman

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, Mr Leon Johnson
or other Person who makes this Return

Address, 31 short st

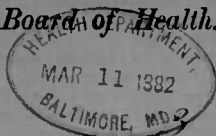
Remarks, healthy child

Extract Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

243. RETURN OF A BIRTH, 54273

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth born on the 9th of March 1882
 4. Place of Birth, (Street and Number) 4 Calverton Road
 5. Full Name of Mother Clare Dick Schreiner
 6. Mother's Maiden Name C. Schreiner
 7. Mother's Birthplace born in the City of Balt
 8. Full Name of Father Richard Schreiner
 9. Father's Occupation laborer
 10. Father's Birthplace born in the City of Balt
- Name of Medical Attendant, or other Person who makes this Return. Mr. J. H. H.
Address 1617 V. Pratt St.
Remarks _____

Extra Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend against or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereafter, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

2nd Child
Female

March 10th 1882 10

No. 381 S. Charles St.

Lizzie Poppler

Castro

America

Louis Poppler

Carpenter

Germany

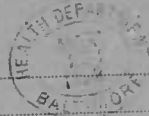
J. C. Lehighier midwife
330 W. Monument St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



54275

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 1st. 1882
 4. Place of Birth, (Street and Number) Bellair av. near Federal St.
 5. Full Name of Mother, Regina Kroll
 6. Mother's Maiden Name, Volz
 7. Mother's Birthplace, Germany
 8. Full Name of Father, J. Kroll
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Germany
 Name of Medical Attendant, Mrs. M. A. Butts
 Address, No. 185 E. cor Central av. v. Monument St.
 Remarks, All Well

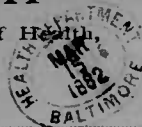
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



571276

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*
1. S. x, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 1st 1882*
4. Place of Birth, (Street and Number) *#7 Essex St*
5. Full Name of Mother, *Mary Ludwig*
6. Mother's Maiden Name, *Mary Ludwig*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Herman Ludwig*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes the Return *Mrs. Mary C. Ginnans*
Address *#17, St. Asaph St.*
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition. Whether all-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

34277

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

WM. J. C. DULANEY & CO., CITY PRINTERS AND STATIONERS

or
id,
ten

571278

RETURN OF A BIRTH

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- 54278
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st March*
4. Place of Birth, (Street and Number) *No. 34 Port View*
5. Full Name of Mother, *Emma Fisher*
6. Mother's Maiden Name, *Emma Beck*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Fisher*
9. Father's Occupation, *Street Vender*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Edw. M. Mearns
1400 Bay View Rd.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

March 1. 1882

U. Wolfstr. No. 16

Margarethe Wolfstr.

Henderson

Cartersville Balt. Co

Wilhelm Wolfstr.

Gasfeller

Balt.

Herr Johann Krombach

U. Wolfstr. No. 16

Wm. Jones

Current records of vital statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

57280

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 1/82*

4. Place of Birth, (Street and Number) *52 Clark St.*

5. Full Name of Mother, *Linnie Dummally*

6. Mother's Maiden Name, *Linnie Cook*

7. Mother's Birthplace, *Ind.*

8. Full Name of Father, *George Dummally*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



J. Miller M.D.
57280

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 2, 1882*

4. Place of Birth, (Street and Number) *11. Durhamstr No 30*

5. Full Name of Mother, *Barbara Hermann*

6. Mother's Maiden Name, *Herrmann*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *Johan Hermann*

9. Father's Occupation, *Lebner*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this return *Mrs. Joh. Braubach*

Address, *Wolfsb. No 14*

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

March 2, 1882

E. Lombard Street No 283

Margaretha Bucht

Schmidt

Balt.

Georg Bucht

Refer

Balt.

Wm. F. Boush

283 Lombard St No 14

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

64283

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 2nd 1892*

4. Place of Birth, (Street and Number) *85 Ridgely St*

5. Full Name of Mother, *Katie Roland*

6. Mother's Maiden Name, *Katie Padlock*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Wm. Roland*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Dr. B. Green*

Address, *345 Green St*

Remarks,

64284

RETURN OF A BIRTH

correct record of vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- 57284
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2. March
4. Place of Birth, (Street and Number) Bond near Chert.
5. Full Name of Mother, Elizabeth Lima
6. Mother's Maiden Name, Cyril
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Rudolf Lima
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephine Kanrod

Address 20 Barnes St.

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

371286

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2 March*

4. Place of Birth, (Street and Number) *346 N. Durham*

5. Full Name of Mother, *Anna Laifert*

6. Mother's Maiden Name, *" Annan*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Chas. Laifert*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *Josephine Kenrod*

Address, *20 Barnes*

Remarks.



Record of Vital Statistics in the City of Baltimore.

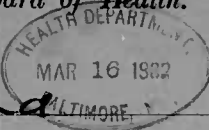
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

524286

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 2d 1882

2

4. Place of Birth, (Street and Number)

No. 31 John Street

5. Full Name of Mother

Mary James Palmer

6. Mother's Maiden Name

Mary James Blackhall

7. Mother's Birthplace

Georgetown - D.C.

8. Full Name of Father

P. D. Palmer

9. Father's Occupation

Farmer

10. Father's Birthplace

Montgomery County Md.

Name of Medical Attendant, or other Person who makes this Return.

H. P. C. Wilson Jr.

Address

146 Park Avenue

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



- 527287
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, 2nd March
4. Place of Birth, (Street and Number) Warner St 143
5. Full Name of Mother, Margaret Shields
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Asbury Shields
9. Father's Occupation, carriage maker
10. Father's Birthplace, Philadelphia
- Name of Medical Attendant, or other Person who makes this Return A. Wilson
- Address Warner St 143
- Remarks,

W. & C. DUNLAP & CO. CITY PRINTERS

RETURN OF A BIRTH.

advise
x days
physical
maiden

527288

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

524288

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *- 4 Child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *March 2d*

4. Place of Birth (Street and Number) *412 N. Wolf St.*

5. Full Name of Mother *Mary Ryan*

6. Mother's Maiden Name *Mary Sweeney*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *James Ryan*

9. Father's Occupation *Paper Hanger*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *J. J. Jones M.D.*

Address *240 North Broadway*

Remarks

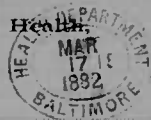
COPIES OF THIS FORM ARE TO BE KEPT IN THE OFFICE OF THE REGISTRAR.
 "That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

527289

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 2nd* *2*
4. Place of Birth, (Street and Number) *74 Portland Street*
5. Full Name of Mother, *Mary Mainz*
6. Mother's Maiden Name, *Mary Stein*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Mainz*
9. Father's Occupation, *Cigar-maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who make this Return *Mathew Seebach*
- Address, *438 West Pratt St*
- Remarks,

527290

RETURN OF A BIRTH

Corrected from original of vital statistics of the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

527,290

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 3rd 1881*

4. Place of Birth, (Street and Number) *189 S. Paca St.*

5. Full Name of Mother, *Anna Hammond*

6. Mother's Maiden Name, *Anna Little*

7. Mother's Birthplace, *Washington D.C.*

8. Full Name of Father, *Michael J. Hammond*

9. Father's Occupation, *Post Office Employee*

10. Father's Birthplace, *Me*

Name of Medical Attendant, or other Person who makes this Return

Address, *87 S. Howard St.*

Remarks,



Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54291 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *March 3^d 1882*
4. Place of Birth, (Street and Number) *292 Eastern Ave*
5. Full Name of Mother, *Sophia Will*
6. Mother's Maiden Name, *Gamer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Will*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return *Mrs Elizabeth Betz*
- Address, *120 Bank St.*
- Remarks, _____

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of record, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

574292

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Third of March.

4. Place of Birth, (Street and Number)

No. 23 Union Street.

5. Full Name of Mother,

Mary Krimer

6. Mother's Maiden Name,

Baltimore City.

7. Mother's Birthplace,

Charles May

8. Full Name of Father,

Stonewall

9. Father's Occupation,

New York Connecticut.

10. Father's Birthplace,

Mr. Taylor.

Name of Medical Attendant, or other Person who makes this Return

Dr. H. H. H.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall intend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

524293

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Female

White

March 3, 1882

140 N. High St.

Mary Eliz. Maffei

Mary Eliz. Schmitt

Maryland

Edwin A. Maffei -

Bookkeeper

1st

J. W. Honck M.D.,

75 E. Balt. St.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54294- RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
~~White~~, Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White
March 3, 1882

3. Date of Birth,

4. Place of Birth, (Street and Number)

347 E. Balt. St.

5. Full Name of Mother,

Fannie Hancock

6. Mother's Maiden Name,

Fannie Etchberger

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John F. Hancock

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. W. Hoxie M.D.

Address,

75 E. Baltimore St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

524295

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 3 1882*
4. Place of Birth, (Street and Number) *N 232 Lamvale St*
5. Full Name of Mother, *Mary Frances Bouche*
6. Mother's Maiden Name, *Mary Frances Giles*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Bouche*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Hannover Germany*
- Name of Medical Attendant, *J. B. Chasford M.D.*
or other Person who makes this Return.
- Address, *N 114 Paul Ave.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

524296

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
2. Sex, (state whether male or female) *male*
3. Race or Color, (if not of the white race) *white*
4. Date of Birth, *March 3rd*
5. Place of Birth, (Street and Number) *Scott St No 295*
6. Full Name of Mother, *Adeline Stewart*
7. Mother's Maiden Name, *Adeline Waters*
8. Mother's Birthplace, *London Co Va*
9. Full Name of Father, *Charles Stewart*
10. Father's Occupation, *Laborer*
11. Father's Birthplace, *Balt city Md*
12. Name of Medical Attendant, or other Person who makes this Return *Elizabeth Hinton*
13. Address, *No 666 S Charles St*
14. Remarks,

521097

RETURN OF A BIRTH

Correct returns of vital statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54297

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *5*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *3 March*

4. Place of Birth, (Street and Number) *26 West*

5. Full Name of Mother, *Anna Kert*

6. Mother's Maiden Name, *See*

7. Mother's Birthplace, *Labanac Bohemia*

8. Full Name of Father, *John Kert*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Reptanac Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Josephina Kert*

Address *26 West*

Remarks.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

524298

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of

BALTIMORE CITY.

Catherine Gowers Rennie



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth *March 3rd 1882*

4. Place of Birth, (Street and Number) *274 Park Avenue*

5. Full Name of Mother *Mrs Mary Rennie*

6. Mother's Maiden Name *Mary Milroy*

7. Mother's Birthplace *Scotland*

8. Full Name of Father *William Rennie*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Scotland*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Carroll*

Address

Remarks

Dr. Patterson, Agnew
 GIVEN NAME ADDED. 9-1-52

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54299

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Birth
1. Sex (state whether male or female) Boi
2. Race or Color, (if not of the white race) Writ
3. Date of Birth 3 March
4. Place of Birth, (Street and Number) Lumber Street No 244
5. Full Name of Mother Marguerathe Ideer
6. Mother's Maiden Name " " Dietzel
7. Mother's Birthplace Matthaus Heren
8. Full Name of Father Flamerbuch Baieron
9. Father's Occupation
10. Father's Birthplace Banck Street No 173
- Name of Medical Attendant, or other Person who makes this Return. Miss Maurer
- Address
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

521300

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 4/82*
4. Place of Birth, (Street and Number) *52 W. E. Cullough St.*
5. Full Name of Mother, *Julia S. Eicheltberger*
6. Mother's Maiden Name, *Julia S. Hansen*
7. Mother's Birthplace, *Mid*
8. Full Name of Father, *Edward C. Eicheltberger*
9. Father's Occupation, *Attorney*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *W. Miller, M.D.*
- Address, *57 W. Marshall*
- Remarks,

521301

RETURN OF A BIRTH

524301

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 4/82*

4. Place of Birth, (Street and Number) *124 Myrtle and*

5. Full Name of Mother, *Mary M. Bowman*

6. Mother's Maiden Name, *Mary M. Greeninger*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *William L. Bowman*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who
make this Return

Address, *J. Miller M.D.
877 Myrtle St.*

Remarks,

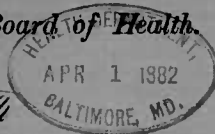
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

524302

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 4th 1882
4. Place of Birth, (Street and Number) 2 Bedford al
5. Full Name of Mother Kellumina Bayer
6. Mother's Maiden Name Americus
7. Mother's Birthplace Balto. City
8. Full Name of Father Martin Bayer
9. Father's Occupation Barber
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Hanover & Barrs sts
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54303

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 4 - 1882
4. Place of Birth, (Street and Number) 141 E. Pratt St.
5. Full Name of Mother, Friederike Dressel
6. Mother's Maiden Name, Kronister
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Dressel
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return, Harry Stein
- Address, 101 E. Pratt St.
- Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

524301

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *Colored*
- Date of Birth, *March 4th 1882*
- Place of Birth, (Street and Number) *55 Center st.*
- Full Name of Mother, *Josephine Bradford*
- Mother's Maiden Name, *Josephine Wells*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *James A. Bradford*
- Father's Occupation, *Produce dealer*
- Father's Birthplace, *Washington D. C.*
- Name of Medical Attendant, *E. C. Baldwin*
or other Person who makes this Return.
- Address, *124 m Eyster st*
- Remarks,

Extract Regulations of the Board of Health of Baltimore
 rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. In or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

54305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) white
 3. Date of Birth March 4th 1882
 4. Place of Birth (Street and Number) 174 Linden Ave
 5. Full Name of Mother Corinne Sinclair
 6. Mother's Maiden Name Corinne Swann
 7. Mother's Birthplace Virginia
 8. Full Name of Father William Wright Sinclair
 9. Father's Occupation Book-keeper
 10. Father's Birthplace Norfolk Virginia
 Name of Medical Attendant, or other Person who makes this Return Edmund R Walker M D
 Address 183 Linden Ave
 Remarks L O A - several weeks previous

54306

COPYING RECORDS BY THIS BUREAU IS THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

7th
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 4 1882

4. Place of Birth, (Street and Number)

418 Eastern Ave

5. Full Name of Mother,

Katharine Krieg

6. Mother's Maiden Name,

Weick

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Louis Krieg

9. Father's Occupation,

Ironmoulder

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Craft

Address,

336 Canton St

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54307 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(1st) First*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *March 4th 1882*
 4. Place of Birth (Street and Number) *N. B. Pot Carey & W. Lombard Sts.*
 5. Full Name of Mother *Ella May Sommers*
 6. Mother's Maiden Name *Boyd*
 7. Mother's Birthplace *Baltimore - Maryland*
 8. Full Name of Father *Frederick Sommers*
 9. Father's Occupation *Mechanic*
 10. Father's Birthplace *Baltimore - Maryland*
 Name of Medical Attendant, or other Person who makes this Return. *W. B. Pot Carey & W. Lombard Sts.*
 Address *N. B. Pot Carey & W. Lombard Sts.*
 Remarks *Fine, healthy child.*
N.B. The report of this case, unintentionally overlooked by R.T.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

52/305 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *March 4, 1882*

4. Place of Birth (Street and Number) *20 Morris St*

5. Full Name of Mother *Mary Catherine Ross*

6. Mother's Maiden Name *West*

7. Mother's Birthplace *Queen Anne's Co Md*

8. Full Name of Father *Alexander Washington Ross*

9. Father's Occupation *Driver*

10. Father's Birthplace *Queen Anne's Co Md*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Atkinson M.D.*

Address *223 Madison Ave*

Remarks

52/309

RETURN OF A BIRTH

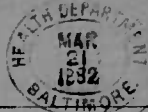
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54309

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Birth
1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth December 1st 1891
4. Place of Birth, (Street and Number) Elisabeth Sadmeh
5. Full Name of Mother Littke
6. Mother's Maiden Name Grottersche Preusen
7. Mother's Birthplace Frankfurt
8. Full Name of Father Grottersche Preusen
9. Father's Occupation Bank Street No 143
10. Father's Birthplace Frankfurt
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. J. J. J.
- Address Dr. J. J. J. J. J.
- Remarks Dr. J. J. J. J. J.

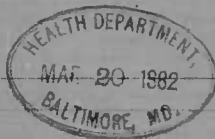
Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

574310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *March 4th 1882*

4. Place of Birth (Street and Number) *72 Sterrett St.*

5. Full Name of Mother *Mary Florence Altman*

6. Mother's Maiden Name *Arnold*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Jacob Altman*

9. Father's Occupation *Dry Goods Dealer*

10. Father's Birthplace *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return. *W. H. Weber M.D.*

Address *298 N. Lombard St.*

Remarks *Child Healthy.*

Presentation, Right Occipito-Iliac Posterior.

4

574310

37

54311

37

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 March 1882

4. Place of Birth, (Street and Number) 91 Low street

5. Full Name of Mother, Rosa Niemeyer

6. Mother's Maiden Name, Klies

7. Mother's Birthplace, Ireland

8. Full Name of Father, Frederick Niemeyer

9. Father's Occupation, Basket Maker

10. Father's Birthplace, Hesson Lurmsstadt

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Mlig

Address, No 48 1/2 Highland

Remarks, st 13 ant

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

4372

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *3 males*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March the 4 1882*
4. Place of Birth, (Street and Number) *No. 19 Lathrum St Baltimore*
5. Full Name of Mother, *Mary G Garduskey*
6. Mother's Maiden Name, *Mary G Meeds*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Thomas G Garduskey*
9. Father's Occupation, *Moulder*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs S. Sheller*
- Address *142 West St Bal*
- Remarks.

521313

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54313

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) ♀ females

2. Race or Color, (if not of the white race) White

3. Date of Birth, March the 11 1882

4. Place of Birth, (Street and Number) no 58 parish St Baltimore

5. Full Name of Mother, Margaret A. Thindig

6. Mother's Maiden Name, Margaret A. Gennard

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Therap Thindig

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Ward S Thindig

Address 292 parish St Baltimore

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 4th 1882.*

4. Place of Birth, (Street and Number) *No 76 William St.*

5. Full Name of Mother, *Maggie Klingenberg*

6. Mother's Maiden Name, *Maggie Kille*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Klingenberg*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return *W. A. Butt*

Address, *No. 185 P.E. cor. Central & V. Mount St.*

Remarks, *All Well*



14

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54815

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 5 1892

4. Place of Birth, (Street and Number)

St. Mary's Catholic Church

5. Full Name of Mother,

Marcia Boyd

6. Mother's Maiden Name,

Marcia Marshall

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Mr. E. Boyd

9. Father's Occupation,

Merchant

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

Dr. H. H. Hays

Address,

721 W. Baltimore St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

57/316

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 31st 1882*
4. Place of Birth, (Street and Number) *W. 2d Street*
5. Full Name of Mother, *Kate Christopher Dombag*
6. Mother's Maiden Name, *Simons*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Thomas James Dombag*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, *Dr. R. M. W. M. M. M.*
or other Person who makes this Return.
- Address, *W. 2d St. Baltimore Md*
- Remarks,

57/317

RETURN OF A BIRTH

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54317

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 5/82*

4. Place of Birth, (Street and Number) *52 Apple Ave*

5. Full Name of Mother, *Mellie Adams*

6. Mother's Maiden Name, *Mellie Hoffman*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *James Adams*

9. Father's Occupation, *Bookster*

10. Father's Birthplace, *Ill.*

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,



Mellie Adams
52 Apple Ave

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54318

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

March 1882
#7 Waverly Pl
Sophia G. Tyler
Gordonson
"Mama"
George C. Tyler
Merchant
Baltimore

Gus L. Opler M.D.
#1 Waverly Pl

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54319

RETURN OF A BIRTH,

over

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Charles H. Wagner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks



54320

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54320

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 5th.*
4. Place of Birth, (Street and Number) *161 South Fulton St.*
5. Full Name of Mother, *Mary Storte*
6. Mother's Maiden Name, *Mary Shackelford*
7. Mother's Birthplace, *Baltimore city*
8. Full Name of Father, *Jedediah Storte*
9. Father's Occupation, *Farmer.*
10. Father's Birthplace, *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. L. Landon*
- Address, *435 N. McHenry St.*
- Remarks, *Strong healthy child*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54321

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

color race

3. Date of Birth,

7 days of March

4. Place of Birth, (Street and Number)

262 Pine Street

5. Full Name of Mother,

Married to John

6. Mother's Maiden Name,

Anna Spanish

7. Mother's Birthplace,

St. Baltimore Md.

8. Full Name of Father,

John Spanish

9. Father's Occupation,

Oyster Shuck

10. Father's Birthplace,

Edinburgh

Name of Medical Attendant, or other Person who makes this return

Wm. G. G. G.

Address,

181 York Street

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54322

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 March

4. Place of Birth, (Street and Number) 12 Barnes

5. Full Name of Mother, Anna Ruzicka

6. Mother's Maiden Name, Wilok

7. Mother's Birthplace, Niecha Nita Bohemia

8. Full Name of Father, Franc Ruzicka

9. Father's Occupation, Labourer

10. Father's Birthplace, Lohradka Bohemia

Name of Medical Attendant, Josephine Konrad
or other Person who makes this Return

Address, 12 Barnes St.

Remarks, _____

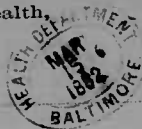
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54323

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 5th 1892

4. Place of Birth, (Street and Number)

Patterson Park Ave.

5. Full Name of Mother,

Emma D. Cole.

6. Mother's Maiden Name,

Emma Deans

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Michael Cole.

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this return

Mrs Mary E. Deans

Address.

171 of Washington St.

Remarks.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

57-324

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *March 5th 1882*

4. Place of Birth (Street and Number) *213 Dolphin St*

5. Full Name of Mother *Laura V. Delker*

6. Mother's Maiden Name *Airey*

7. Mother's Birthplace *Balto.*

8. Full Name of Father *Wm A Delker*

9. Father's Occupation *Driver*

10. Father's Birthplace *Balto.*

Name of Medical Attendant, or other Person who makes this Return. *E. W. Eiland M.D.*

Address *85 E. Bullock St.*

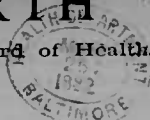
Remarks

57-324 CT

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *march the 5th 1882* *5*
4. Place of Birth, (Street and Number) *Balt No 54 L monument st*
5. Full Name of Mother, *Francis Bright*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *Samuel T Bright*
9. Father's Occupation, *Express Driver*
10. Father's Birthplace, *Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return *Mary A Dorsey*
- Address, *89 exposed st*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54326

To, the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.¹⁵
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6.¹¹
4. Place of Birth, (Street and Number) 361. S. Sharp St.
5. Full Name of Mother, Catherin Schueler
6. Mother's Maiden Name, Catherin Burger
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Lewis Schueler
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Minick
- Address: 1 Loring Hall St.
- Remarks:

54327

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

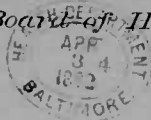
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 6, 1882*
4. Place of Birth, (Street and Number) *S. Durham St. No. 43*
5. Full Name of Mother, *Katharine Halaschuh*
6. Mother's Maiden Name, *Greenig*
7. Mother's Birthplace, *Barvitz*
8. Full Name of Father, *Johann Halaschuh*
9. Father's Occupation, *Wagtmacher*
10. Father's Birthplace, *Barvitz*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Joh. Krausbach*
- Address, *S. Wolfe St. No. 14*
- Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, not residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 6, 1882
4. Place of Birth, (Street and Number) 38 Granby St.
5. Full Name of Mother, Mary Rooney,
6. Mother's Maiden Name, Hoven.
7. Mother's Birthplace, Ireland
8. Full Name of Father, Jno Rooney
9. Father's Occupation, Mariner.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, A. J. Erich M.D.
or other Person who makes this Return.

Address, 94 N. Broadway.

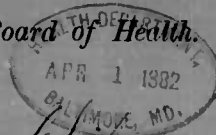
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

521329

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleven children
 1. Sex (state whether male or female) Male child
 2. Race or Color, (if not of the white race) Caucasian
 3. Date of Birth 9 of March
 4. Place of Birth, (Street and Number) Arden St 284
 5. Full Name of Mother Elizabeth Brine
 6. Mother's Maiden Name Elizabeth Clayton
 7. Mother's Birthplace Baltimore Md
 8. Full Name of Father Thomas Brine
 9. Father's Occupation Portrait
 10. Father's Birthplace St Marys County
 Name of Medical Attendant, or other Person who makes this Return. Mid wife
 Address Harriet Preston
 Remarks 18 d Bethel St

521330

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

571330

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 6th 1892 - 6
 4. Place of Birth, (Street and Number) 5 Oslean St
 5. Full Name of Mother, Addie Rutter
 6. Mother's Maiden Name, Addie Bond
 7. Mother's Birthplace, Balto Co md
 8. Full Name of Father, George A Rutter
 9. Father's Occupation, Painter Muller
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Edg W Hunkler M.D.
 Address, 36 Greenmount Ave.
 Remarks.

571337

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5.*

1. S.x, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *6 March*

4. Place of Birth, (Street and Number) *9. 1st St.*

5. Full Name of Mother, *Franciska Jindra*

6. Mother's Maiden Name, *Peter*

7. Mother's Birthplace, *Prague Bohemia*

8. Full Name of Father, *Jakub Jindra*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Usteck Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Josephine Benson*

Address, *22 Barnes St.*

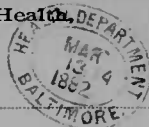
Remarks,

"That any physician, surgeon, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"Toxi any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 March 1882
4. Place of Birth, (Street and Number) 25 Orleans st.
5. Full Name of Mother, Irry Kappfel
6. Mother's Maiden Name, " Lisher
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Edward Kappfel
9. Father's Occupation, Barber
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, Mrs Rosa Alb'y
or other Person who makes this Return

Address, 1048 Highland

Remarks, Balt.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *6 March*

4. Place of Birth, (Street and Number) *310 E Pratt street*

5. Full Name of Mother, *Annie Holony*

6. Mother's Maiden Name, *Annie Cuskey*

7. Mother's Birthplace, *Co. Wexford Ireland*

8. Full Name of Father, *Michael Holony*

9. Father's Occupation, *water man*

10. Father's Birthplace, *Co. Wexford Ireland*

Name of Medical Attendant, or other Person who makes this Return *Dr. W. J. J. J.*

Address. *No 16 Pullman Park St.*

Remarks.

54333

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6th Day of March 1882
4. Place of Birth, (Street and Number) 525 10 Baltimore Street
5. Full Name of Mother, Christine Baushenbach
6. Mother's Maiden Name, Christine Gieson
7. Mother's Birthplace, Marien. Denmark
8. Full Name of Father, John A. Baushenbach
9. Father's Occupation, Shoe Store
10. Father's Birthplace, Ehrenberg, Sachs. Altenburg

Name of Medical Attendant, or other Person who make this Return Mrs. Sumner.

Address, 60 Schaefer St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

571338

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 March
4. Place of Birth, (Street and Number) 313 N. Durham
5. Full Name of Mother, Anna Russik
6. Mother's Maiden Name, " Salansky
7. Mother's Birthplace, Snodice Bohemia
8. Full Name of Father, Joseph Russik
9. Father's Occupation, Tailor
10. Father's Birthplace, Rasovic Bohemia
- Name of Medical Attendant, Josephine Ransad
or other Person who makes this return
- Address, 20 Barnes St.
- Remarks, _____



571336

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

574336

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
- Sex (state whether Male or Female) *Female*
- Race or Color (if not of the white race) *Colored*
- Date of Birth *March 6. 1882*
- Place of Birth (Street and Number) *No 40 Cochen alley*
- Full Name of Mother *Marritta White*
- Mother's Maiden Name *danielson*
- Mother's Birthplace *Philadelphia*
- Full Name of Father *Edward White*
- Father's Occupation *Labr*
- Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Eliza Cornish*
- Address *per and Chestnut alley*
- Remarks *the child is still alive*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54337

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 6th

4. Place of Birth (Street and Number) 368 Hanover St

5. Full Name of Mother Bertha Stallman

6. Mother's Maiden Name Miller

7. Mother's Birthplace Germany

8. Full Name of Father Peter Stallman

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. C. Burch

Address 1514 Avenue

Remarks

"That any physician, seecundour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

521338

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2 2 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th March

4. Place of Birth, (Street and Number) 240 Canton St

5. Full Name of Mother, A. Benninger

6. Mother's Maiden Name, Depkins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benninger

9. Father's Occupation, Saloon

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs. Wiley
or other Person who makes this Return

Address, 4012 Patterson Park

Remarks, _____

521339

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

571339

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth March 6th 1882

4. Place of Birth (Street and Number) 412. Orleans St

5. Full Name of Mother Margaret J. Anderson

6. Mother's Maiden Name " " " "

7. Mother's Birthplace Maryland

8. Full Name of Father John William Anderson

9. Father's Occupation Bricklayer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other person who makes this Return. Samuel J. Delph, M.D.

Address 134 N. Queen St

City Baltimore

Remarks

521340

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.....

Address,.....

Remarks,.....

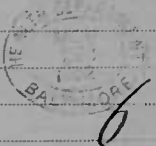
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

51/341

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th.*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 6th. 1882.*
 4. Place of Birth, (Street and Number) *No. 173 Chestnut St.*
 5. Full Name of Mother, *Mary Murphy*
 6. Mother's Maiden Name, *Mary McCall*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Murphy*
 9. Father's Occupation, *Barman*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who *Mrs. M. J. Buttrick*
 make this Return
 Address, *No. 185 S. E. cor. Central av. & Monument St.*
 Remarks, *All well died with blue diarrhoea & convulsion*



OFFICE RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accouchement midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 28*

4. Place of Birth, (Street and Number) *85 W. Maple St*

5. Full Name of Mother, *Annie Gardner*

6. Mother's Maiden Name, *McKinsey*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John L. Gardner*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *W. H. Hays*

Address, *117 Orleans St*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57/31/3

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 7 1892

4. Place of Birth, (Street and Number)

Thames # 32

5. Full Name of Mother,

Nathania Gottschalk

6. Mother's Maiden Name,

Kriegelstein

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank X. Gottschalk

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise C. Kraft

Address,

236 Canton Ave

Remarks,

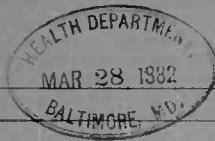
57/31/3

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 7th 1882.

4. Place of Birth, (Street and Number) 20 124 Garrison st.

5. Full Name of Mother Louisa Staltz

6. Mother's Maiden Name Louisa Loefflein

7. Mother's Birthplace Balto.

8. Full Name of Father B. Staltz

9. Father's Occupation Barber.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Kellogg

Address 1828 Monument st.

Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5243075

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 1st 1882*
4. Place of Birth, (Street and Number) *No 20 Dover St*
5. Full Name of Mother, *Annie J. Walters*
6. Mother's Maiden Name, *Annie J. Wagner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Ludwick Walter*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Wm J. Linn*
- Address, *etc 54 Ludwick av*
- Remarks,

7

5243076

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, ecouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *march 7th*

4. Place of Birth, (Street and Number) *no 29 wayne st*

5. Full Name of Mother, *an maria Price*

6. Mother's Maiden Name, *an maria Price*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *john Tilman*

9. Father's Occupation, *labour*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *mrs Lydia Porter*
(or other Person who makes this Return)

Address, *no 4 patpsea avenue*

Remarks, *healthy child*



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *7 March 1892*
4. Place of Birth, (Street and Number) *No 8 Bond St.*
5. Full Name of Mother, *Lizzie Gaskhart*
6. Mother's Maiden Name, *" Silkman*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *John Gaskhart*
9. Father's Occupation, *wagon driver*
10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Albright
No 8 Halland St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁴³⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child:

Gold Nathvon Maxwell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th March 1882.
4. Place of Birth, (Street and Number) 403 Lombard Street,
5. Full Name of Mother, Emma E. Maxwell,
6. Mother's Maiden Name, Emma E. Patton,
7. Mother's Birthplace, Hanover Pa.
8. Full Name of Father, David Maxwell,
9. Father's Occupation, Clerk,
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Address, 175 Eastman St. Baltimore Md.

Remarks, Born prematurely, Natural & healthy.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)....

Male

2. Race or Color, (if not of the white race)....

White

3. Date of Birth,....

7th March

4. Place of Birth, (Street and Number)....

32 Eden & Lombard Str.

5. Full Name of Mother,....

Augusta Prigant

6. Mother's Maiden Name,....

Yedea

7. Mother's Birthplace,....

Russia

8. Full Name of Father,....

Bonnet Prigant

9. Father's Occupation,....

Cigar maker

10. Father's Birthplace,....

Russia

Name of Medical Attendant,....

or other Person who makes this Return.

C. Bernheim

Address,....

113 E. Lombard Str.

Remarks,....

RETURN OF A BIRTH

54350

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

7th March 1886

4. Place of Birth, (Street and Number)

48 Collington Ave

5. Full Name of Mother,

Laura V. Magers.

6. Mother's Maiden Name,

Laura J. Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

H. J. Magers.

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. W. Ray

Address

101- Patterson Park St

Remarks.

54351

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 7th 1882.*
4. Place of Birth, (Street and Number) *Baltimore 37 Cannon St.*
5. Full Name of Mother, *Mary Bastert*
6. Mother's Maiden Name, *Mary Weller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Bastert*
9. Father's Occupation, *Stone Moulder*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*
Address *No 12 Patterson Park Ave.*
Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52/352

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Tuesday March 7th. 1882*

4. Place of Birth (Street and Number) *282 7 Broadway*

5. Full Name of Mother *Rose Saunders*

6. Mother's Maiden Name *Rose McCann*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Arthur Saunders*

9. Father's Occupation *Brass Finisher*

10. Father's Birthplace *Washington D C*

Name of Medical Attendant, or other Person who makes this Return. *Wilmer Brinley Jr*

Address *25 1/2 Greenmount Ave*

Remarks *Ver Ex Presentation*

52/353

"That any physician, secoudicieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *March 7th 1882*

4. Place of Birth, (Street and Number) *708 Grove St*

5. Full Name of Mother, *Rebecca Grayson*

6. Mother's Maiden Name, *Rebecca Harris*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Joseph H. Grayson*

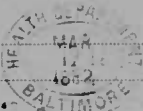
9. Father's Occupation, *Laundry*

10. Father's Birthplace, *Balto. Co.*

Name of Medical Attendant, or other Person who makes this Return *Julius N. Himes M.D.*

Address, *36 Greenmount Ave*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 7th 1882*
4. Place of Birth, (Street and Number) *N. E. Cor. Bay & Forest St.*
5. Full Name of Mother, *Emma R. Mooney*
6. Mother's Maiden Name, *" " Roundtree*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Robert V. Mooney*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return

Address, *No 238, N. Broadway*

Remarks *Full name of child - Carroll Tyler Mooney*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7 March*
4. Place of Birth, (Street and Number) *25 Bethel*
5. Full Name of Mother, *Elis. Chasen*
6. Mother's Maiden Name, *" " Davis*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *John Chasen*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Del.*

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

Josephine Conrad
202 Barnes St.

521356

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
White
Mar. 7th
1908 Sparrow St
Mrs. Charlotte Brutsche
Johnson
Baltimore City
Mrs. Brutsche
Laborer
Baltimore City
47 Hill Md,
443 Franklin St.

7

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, ..
4. Place of Birth, (Street and Number)
5. Full Name of Mother, ..
6. Mother's Maiden Name,
7. Mother's Birthplace, ..
8. Full Name of Father, ..
9. Father's Occupation,
10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524358

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th 1882
4. Place of Birth, (Street and Number) No 89 Ridgely St
5. Full Name of Mother, Henrietta Fath White
6. Mother's Maiden Name, Henrietta Fath
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Fath
9. Father's Occupation, Cooper
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return Rev. J. M. Mumf
- Address 1 Greenhill St
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

521359

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

57

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

March 8 1882
11 Schappell St. No 22

Barbara Fink

Ammerman

Barany

Simon Fink

Shoemaker

Wittenberg Prussia

Dr. John R. R. R. R.

11 Schappell St. No 14



521360

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

344360

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

#3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 8, 1892

4. Place of Birth, (Street and Number)

#20 Thomas St

5. Full Name of Mother,

Liebeth Roeder

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Henry Roeder

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

advise
in days
physical
conditions

RETURN OF A BIRTH

544361

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

54361

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 8 1882

4. Place of Birth, (Street and Number)

Barrister

Truck

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks



521364

Extract Registrations of the Births of Children in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Female

White

March 8, 1892

19 Arlington St.

Mary C. Apple

Russell

Balt.

John Apple

Tobacco

Balt.

John H. Apple

322 Hollins St.

Larg fine baby

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

52/363

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 8 - 1882.

4. Place of Birth, (Street and Number) 79 Pine St

5. Full Name of Mother, Anna Russell

6. Mother's Maiden Name, Boland

7. Mother's Birthplace, Md

8. Full Name of Father, H. G. Russell

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return Dr. Lane Drayton

Address, 129 W. Biddle

Remarks,



511 361

Report of Vital Statistics in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

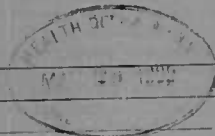
RETURN OF A BIRTH,

54364

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 8th 1887
4. Place of Birth, (Street and Number) 158 North Front st
5. Full Name of Mother Julia Fagnere
6. Mother's Maiden Name Julia Gately
7. Mother's Birthplace Ireland
8. Full Name of Father Thomas Fagnere
9. Father's Occupation Boiler maker
10. Father's Birthplace Castroville
- Name of Medical Attendant, or other Person who makes this Return. Saml H. August
- Address 182 East Monument st.
- Remarks



8

511265

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54365

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *Wednesday, March 8th. 1882*
4. Place of Birth (Street and Number) *155 E. Eager St.*
5. Full Name of Mother *Virginia Krews Bollinger*
6. Mother's Maiden Name *Virginia Krews*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Charles Bollinger*
9. Father's Occupation *R.R. Conductor on N. C. & P. R.*
10. Father's Birthplace *York, Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Wilmer Brintow, M.D.*
- Address *25 1/2 Greenmount ave.*
- Remarks *Vertex Presentation*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57/366

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) Eleventh
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth March 8th 1882
4. Place of Birth, (Street and Number) No 6 E. Hoffmeyer St Baltimore Md
5. Full Name of Mother Elizabeth A. Wharton
6. Mother's Maiden Name Elizabeth A. Banks
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James T. Wharton
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Amanda Marine
- Address 378 E. Monument St Baltimore City
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of records, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, (or other Person who makes this Return.

Address,

Remarks,

6th
Female
White
March 8th
8
Wm. M. & Vera Lee
M. L. Duer
Marshall
Virginia
Adgate Duer
Merchant
Baltimore
Riffin Duer
137 Archdale St.

"That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second



Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Wednesday 8th March

4. Place of Birth, (Street and Number)

86 Hanover Street

5. Full Name of Mother,

Helena C. Swope

6. Mother's Maiden Name,

Helena C. Kraemer

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Louis C. C. Swope

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sebach

Address,

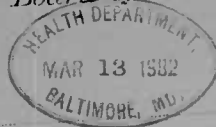
439 West Pratt St

Remarks,

RETURN OF A BIRTH

524369

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, when child is born, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar address, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *three*

1. Sex, (state whether male or female) *Two boys and one girl*

2. Race or Color, (if not of the white race) *Caucasoid*

3. Date of Birth, *8th of March*

4. Place of Birth, (Street and Number) *Johns Alley No. 11*

5. Full Name of Mother, *Mrs. Lizzie Cornish*

6. Mother's Maiden Name, *Mrs. Lizzie Taylor*

7. Mother's Birthplace, *Fredricksburg Va.*

8. Full Name of Father, *Mr. Wm. Cornish*

9. Father's Occupation, *Laboring man*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mrs. Eda Sadler*
or other Person who makes this Return.

Address, *No. 11. Ave. St.*

Remarks,

1882 RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

524370

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5-12

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

March 8th 1882

8

4. Place of Birth (Street and Number)

No 409 E. Chase St
Hannah R. Magers

5. Full Name of Mother

White

6. Mother's Maiden Name

Baltimore County.

7. Mother's Birthplace

8. Full Name of Father

John M. Magers.
Agent Collector

9. Father's Occupation

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

D. Ridgway Andre M.D.
No 121 E. Baiton St.

Address

Remarks

RETURN OF A BIRTH

524370

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

574371

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name, Hugo L. Reese

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 14 8

4. Place of Birth, (Street and Number) Hull Street

5. Full Name of Mother, Mary L. Reese

6. Mother's Maiden Name, Thalhouse

7. Mother's Birthplace, Germany

8. Full Name of Father, David Reese Reese

9. Father's Occupation, Lawyer

10. Father's Birthplace, Mass

Name of Medical Attendant, or other Person who makes this Return Hugo E. Tol

Address No 18 Cuba St

Remarks.

571377

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 8

4. Place of Birth, (Street and Number)

1717 Ave of Lincoln

5. Full Name of Mother,

Frances M. Hall

6. Mother's Maiden Name,

Frances M. Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas M. Hall

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

James M. Hall

Address,

Baltimore, Md.

Remarks,

54373

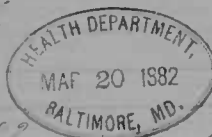
RETURN OF A BIRTH

54373

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 8, 1882

4. Place of Birth, (Street and Number)

484 N. Washington St.
Virginia Church

5. Full Name of Mother,

Fairchild

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Francis T. Garner

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary C. Howell

Address,

286 N. Washington St.

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Ex. Regulations of the Board of Health to require a true and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

March 9 1882
E. Lombard St. No 255
Bertha Liebert
Laborer
Balt.
Johann Liebert
Baltimore
Balt.
Wm. Liebert
K. R. Lombard St. No 255

RETURN OF A BIRTH

54375

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 54375

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

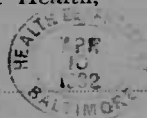


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 9th 1882*
4. Place of Birth (Street and Number) *5 S. Eddy*
5. Full Name of Mother *Mary J. Jenkins*
6. Mother's Maiden Name *Mary J. Bean*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *J. Walter Jenkins*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. S. Lynch M.D.*
- Address *No 1 S. Broadway*
- Remarks

RETURN OF A BIRTH

54376

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



"That any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 9, 1882

4. Place of Birth, (Street and Number)

McDonough 308

5. Full Name of Mother,

Margaret Harbaugh

6. Mother's Maiden Name,

Kayes

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harbaugh

9. Father's Occupation,

File Finisher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. H. White, M.D.

Address,

367 Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57437

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9 March

4. Place of Birth, (Street and Number) 1 Hall's Lane

5. Full Name of Mother, Rosa Mahm

6. Mother's Maiden Name, Schriver

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Mahm

9. Father's Occupation, Barkeeper

10. Father's Birthplace, Haeser Dornstadt

Name of Medical Attendant, or other Person who makes this Return Rosa Mahm

Address,

Remarks,

1048
Holland

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 9th

4. Place of Birth, (Street and Number)

924 1/2 St

5. Full Name of Mother,

Lizzie Gallaher

6. Mother's Maiden Name,

Betty Morrey

7. Mother's Birthplace,

W

8. Full Name of Father,

John Gallaher

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Charles Carter

Address,

22 E. Lombard St

Remarks,

"That any physician, accouchour, midwife or other person in charge who shall attend cases of adises at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54379

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First-
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 7, 1882

4. Place of Birth, (Street and Number)

304 W. 10th St.

5. Full Name of Mother,

Ida E. Shadrick

6. Mother's Maiden Name,

Clark
Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Edward E. Shadrick

9. Father's Occupation,

Bricklayer
Baltimore

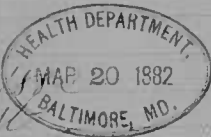
10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Wm. A. McNeill
230 W. 10th St.

Address,

Remarks,



521380

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

524380

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

9th March 1882

4. Place of Birth, (Street and Number)

68 Parrish alley

5. Full Name of Mother,

Mary Groce

6. Mother's Maiden Name,

Calbert. Co. McE

7. Mother's Birthplace,

unknowning to me

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

the baby lived 3 days

Name of Medical Attendant, or other Person who makes this Return.

Mary C. Jones

Address,

No 17 Watercut St
Baltimore Md

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

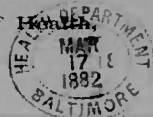
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54381

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March the 9th

4. Place of Birth, (Street and Number)

123 Dover st

5. Full Name of Mother,

Francis Deborah Austen

6. Mother's Maiden Name,

Francis Deborah Bratten

7. Mother's Birthplace,

Edenton North Carolina

8. Full Name of Father,

William C Austen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Seebach

Address,

439 Mt Pratt st

Remarks,

54382

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54382

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

116 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 9 of Mar

4. Place of Birth, (Street and Number)

218 E. Calver St No 136

5. Full Name of Mother,

Katie Beade

6. Mother's Maiden Name,

Katie Scaldin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Scaldin

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Cristina Laner

Address,

179 Harper St

Remarks,

1882

54383

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

521383

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian Race

3. Date of Birth,

March 9 1882

4. Place of Birth, (Street and Number)

511 S. Durham St

5. Full Name of Mother,

Sarah Catharine Rice

6. Mother's Maiden Name,

Sarah Catharine Campbell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Leason Rice

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Pitts River, Md

Name of Medical Attendant, or other Person who make this Return

Lucinda M. Wolfson

Address,

130 Regis. St

Remarks,

521384

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *M*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 16, 1886*

4. Place of Birth, (Street and Number) *St. Paul St. 1972*

5. Full Name of Mother, *Lena H. Bachhammer*

6. Mother's Maiden Name, *Lena H. Brate*

7. Mother's Birthplace, *Baltic City*

8. Full Name of Father, *John Bachhammer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltic City*

Name of Medical Attendant, or other Person who makes this Return *May E. Miller*

Address *128 St. Paul St.*

Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First of Child*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *9 of March 1882*
 4. Place of Birth, (Street and Number) *No 307 Light St*
 5. Full Name of Mother, *Theresa Lindling*
 6. Mother's Maiden Name, *Theresa Zippen*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John J Lindling*
 9. Father's Occupation, *Barber*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Dr. J. Lindling*
 Address *No 125 West St*
 Remarks

9

RETURN OF A BIRTH

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Children*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19 of March*
4. Place of Birth, (Street and Number) *No 128 West St*
5. Full Name of Mother, *Helma Wagner*
6. Mother's Maiden Name, *Ch'na Martin*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward Wagner*
9. Father's Occupation, *Booker*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return *Sabina Grislado*
- Address, *No 128 West St*
- Remarks,

54387

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 9 1882 12 PM

4. Place of Birth, (Street and Number)

Maternity Hospital 161 N. Calver St.

5. Full Name of Mother,

Maggie Horn

6. Mother's Maiden Name,

Washington

7. Mother's Birthplace,

Unknown

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

W P M Intosh

Name of Medical Attendant,

or other Person who makes this Return

Address,

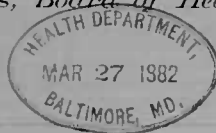
Resident Phys. Maternity Hospital 161 N. Calver St.

Remarks,

Labor Easy - Position R.O.D.A.
Child - 8 1/2 lb 19 1/2 in

RETURN OF A BIRTH ⁵⁴³⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 9th*

4. Place of Birth, (Street and Number) *No. 311 McHenry st*

5. Full Name of Mother, *Lizzie Smith*

6. Mother's Maiden Name, *Lizzie McHenry*

7. Mother's Birthplace, *Baltimore city*

8. Full Name of Father, *Robert Smith*

9. Father's Occupation, *machinist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *W. J. Leman*

Address, *435 W. McHenry st*

Remarks, *Strong child*

and rise at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54389

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, March the 9th 1882
4. Place of Birth, (Street and Number) Balt. No 73 Oxford St.
5. Full Name of Mother, Victoria Johnson
6. Mother's Maiden Name, Banks
7. Mother's Birthplace, Winchester Va
8. Full Name of Father, David Johnson
9. Father's Occupation, Wreiter
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Mary A. Dorsey
- Address, 83 Oxford St
- Remarks,

RETURN OF A BIRTH 54390

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54390

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 10th 1882

4. Place of Birth (Street and Number)

58 Brune St

5. Full Name of Mother

Mary Christina Praeger

6. Mother's Maiden Name

" Schaaf

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Charles Praeger

9. Father's Occupation

Cinner

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. C. Wilson M.D.

Address

47 Edmondson Ave

Remarks

54391

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

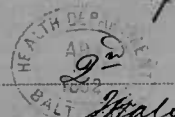
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, *This Report is late as I was disabled two days by a broken leg*



Male
White
March 10th 1882
116 Johnson St
Jennie Myers
Jennie Greyer
City
Phillip Myers
Mechanic
City
H. B. Noble, M.D.
50 Hamer av

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54392

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10th of March 1882*
4. Place of Birth, (Street and Number) *40 North Lurham Street.*
5. Full Name of Mother, *Kat Ruick*
6. Mother's Maiden Name, *Kate Langer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charlie Langer*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germany*

10

Name of Medical Attendant, or other Person who makes this Return

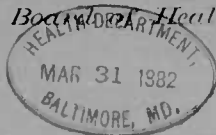
Address, *71 North Chappel street per Justina Kunkel*

Remarks, *Healthy*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female, ALICE BARRON
White

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 10th 1882 10
Towrsend St near Stricker
Anna Alice Barron,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Baltimore
John Henry Barron
Bookkeeper
Nearford Ave. Md
Chas C Price M.D.
262 Madison Ave

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

54394

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

- 234 J. C. DULANEY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend a woman in labor, or who shall deliver a child, shall report to the Registrar, address, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54395

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10th of March*
4. Place of Birth, (Street and Number) *195 Fourth St.*
5. Full Name of Mother, *Aunie Friedman*
6. Mother's Maiden Name, *Schwartzberg*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Louis Friedman*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who makes this Return, *Max C. Bernstein*
- Address, *113 E. Lombard St.*
- Remarks,

10

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *9*
1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 10th*
4. Place of Birth, (Street and Number) *31 E. Lombard St.*
5. Full Name of Mother, *Caroline Kiser*
6. Mother's Maiden Name, *Gentry*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Kiser*
9. Father's Occupation, *Carr Smith*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Charles Carter*
- Address, *22 E. Lombard St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *March 11th 1882.*

4. Place of Birth, (Street and Number) *No. 17 S. Washington St.*

5. Full Name of Mother, *Mary Kiss*

6. Mother's Maiden Name, *Mary Link.*

7. Mother's Birthplace, *America.*

8. Full Name of Father, *Christian Kiss*

9. Father's Occupation, *Tailor.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, *Mrs. M. C. Cleveland*

Address, *No. 137 South Hope St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54398

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 children*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *10 of March*
 4. Place of Birth, (Street and Number) *W 356 Howard*
 5. Full Name of Mother, *Mary Morgan*
 6. Mother's Maiden Name, *Mary Miller*
 7. Mother's Birthplace, *New York*
 8. Full Name of Father, *John Morgan*
 9. Father's Occupation, *Schoolmaster*
 10. Father's Birthplace, *New York*
 Name of Medical Attendant, or other Person who makes this Return *Dr. J. L. Galt*
 Address, *1122 West*
 Remarks,

10

54399

"That any physician, accoucheur, midwife, or other person in charge, who shall receive notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54399

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) Colored
- Date of Birth, March 10th 1882 10
- Place of Birth, (Street and Number) 75 Chapel St. N.Y.
- Full Name of Mother, Anna M. Harrison
- Mother's Maiden Name, Anna M. Smith
- Mother's Birthplace, Baltimore County Md
- Full Name of Father, Chas. Harrison
- Father's Occupation, Laborer
- Father's Birthplace, Baltimore County Md
- Name of Medical Attendant, or other Person who makes this Return Wm. H. Harrison
- Address, 1500 Broadway N.Y.
- Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

571400

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Miss Nell Mathes.

1. Sex (state whether Male or Female) Male White

2. Race or Color (if not of the white race) Colored

3. Date of Birth Anderson County N. C.

4. Place of Birth (Street and Number) Stockholm Street No. 170

5. Full Name of Mother Nell Mathes or Kennard

6. Mother's Maiden Name Hahn Nell Mathes

7. Mother's Birthplace Anderson Co

8. Full Name of Father Charles Kennard

9. Father's Occupation Laboring

10. Father's Birthplace Cambridge

Name of Medical Attendant, or other Person who makes this Return. Lucane Mills

Address Lucane Mills Stockholm St. 22.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mch 10th 1882 - 10 P M

4. Place of Birth, (Street and Number)

Maternity Hospital 161 W Lombard

5. Full Name of Mother,

Annie Bellinda

6. Mother's Maiden Name,

Alice Guest

7. Mother's Birthplace,

Balto, Co

8. Full Name of Father,

William

9. Father's Occupation,

W P M Intest Product Phy

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Maternity Hospital 161 W Lombard St

Remarks,

In labor 73 hours, L, O, I, a

"That any physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



10

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

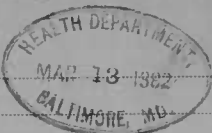
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
Sex, (state whether male or female) *Girl*
Race or Color, (if not of the white race) *White*
Date of Birth, *10th March 1892*
Place of Birth, (Street and Number) *18 Hamstead street*
Full Name of Mother, *Ellen Hall*
Mother's Maiden Name, *Ellen Charry*
Mother's Birthplace, *Baltimore*
Full Name of Father, *John Charry*
Father's Occupation, *Machinery*
Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Crescentia Kunkel*
Address, *11 North Chappel street per Justina Kunkel*
Remarks, *Healthy*

5744103

If any physician, accoucheur, midwife, or other person is called upon to attend a woman about to be delivered, or who has just delivered, he or she shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 12 10 1882 10

4. Place of Birth, (Street and Number)

45 Hubbard Street

5. Full Name of Mother,

Mary Laughlin

6. Mother's Maiden Name,

Mary Gasner

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Laughlin

9. Father's Occupation,

Laundry

10. Father's Birthplace,

Baltimore, Co. Md

Name of Medical Attendant,

or other Person who makes this return

Margie Ethel

Address.

No 13 Cuba Street

Remarks.

52111011

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

GIVEN NAME ADDED, 2-19-62

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Mamie Downs*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *March 10 1882*

4. Place of Birth (Street and Number) *88 Ledenhall Street*

5. Full Name of Mother *Margaret Downs*

6. Mother's Maiden Name *Margaret Wall*

7. Mother's Birthplace *Baltimore County Md*

8. Full Name of Father *Horace Downs*

9. Father's Occupation *Oysters Shuckers*

10. Father's Birthplace *Baltimore County Md*

Name of Medical Attendant, or other Person who makes this Return. *Dr Hall*

Address *222 West Street*

Remarks *Qu'a better*

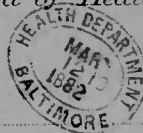


That any Physician, accoucheur, midwife, or other person in a position to be informed of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54405

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

third

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

10th of March

4. Place of Birth, (Street and Number)

No 3 Hargrove alley

5. Full Name of Mother,

Charlotte Gordon, Robinson

6. Mother's Maiden Name,

Charlotte Gordon

7. Mother's Birthplace,

Saint Mary County MD

8. Full Name of Father,

James Robinson

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Savannah Georgia

Name of Medical Attendant, or other Person who makes this Return.

Sasha Pennington

Address,

No 80 Jasper St

Remarks,

no Remarks

RETURN OF A BIRTH

54406

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

54406

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Birth
1. Sex (state whether male or female) Boi
2. Race or Color, (if not of the white race) Whit
3. Date of Birth 10 March 10
4. Place of Birth, (Street and Number) Kattelstreet No 39.
5. Full Name of Mother Rosa Muller
6. Mother's Maiden Name " " Krites
7. Mother's Birthplace Gratterside Prussia
8. Full Name of Father Albert Muller
9. Father's Occupation Shipitor
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dan Kistreet No 172
- Address Md Maurer
- Remarks

54407

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 524407

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother: (state whether 1st, 2d, 3d, &c.)

5th (2)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 11th 1882

4. Place of Birth, (Street and Number)

141 Hartford Ave

5. Full Name of Mother,

Jane McIntyre

6. Mother's Maiden Name,

McCree

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael McIntyre

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Vint

Address,

186 Hartford Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residences of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 574-4081

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

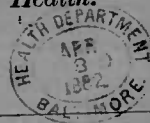


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth March 11 1882
4. Place of Birth, (Street and Number) _____
5. Full Name of Mother Prince Wilson
6. Mother's Maiden Name Gale
7. Mother's Birthplace _____
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. _____
- Address _____
- Remarks _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54409

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 11 1882

4. Place of Birth, (Street and Number) Smith

5. Full Name of Mother O'Donnell

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH 54410

"That any physician, accoucheur, midwife, or other person in charge, who shall attend a woman, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524410

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



22
Female
White

March 11 1882

13 Warren av

Lizzie Smith

Lizzie Cook

City

Albert Smith

Book-keeper

Employed

H. B. Noble, M.D.

50 Warren av

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 4 March

4. Place of Birth, (Street and Number)

809 1/2 Lemon St.

5. Full Name of Mother,

Maggie Wedekind

6. Mother's Maiden Name,

Reis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John H. Wedekind

9. Father's Occupation,

Sales

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

A. Lindner

Address,

444 1/2 N. 1st St. Baltimore

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

544121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 11th

11

4. Place of Birth (Street and Number)

256 Columbia St

5. Full Name of Mother

Ann E. Hallings

6. Mother's Maiden Name

Mary L. Cunningham

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Hallings

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Wm. H. Hering

Address

12 W. Pratt St

Remarks

541113

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. In or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 574413

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Jane Ernise Crowe

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 1st 1882

4. Place of Birth (Street and Number) Edge st near Cathedral

5. Full Name of Mother Jane Crowe

6. Mother's Maiden Name Jane Ernise

7. Mother's Birthplace Rochester N.Y.

8. Full Name of Father Joseph Dan Crowe

9. Father's Occupation Carpenter

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks DEER HALL ABEL H-9-53 L.M.

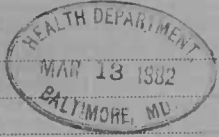
Dr. A. S. L. M. D.
Dr. J. S. L. M. D.

"That any physician, accoucheur, midwife, or other person so charged, who shall receive notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524414

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 11 1882*
4. Place of Birth, (Street and Number) *No. 7 Clement Street*
5. Full Name of Mother, *Isabella Donaldson*
6. Mother's Maiden Name, *Isabella Fulton*
7. Mother's Birthplace, *Orange County, L. Y.*
8. Full Name of Father, *Henry J. Donaldson*
9. Father's Occupation, *Soldier*
10. Father's Birthplace, *Stirlingshire, Scotland*
- Name of Medical Attendant, *Maggie Ettel*
or other Person who makes this Return
- Address, *No. 13 Lubia Street*
- Remarks.

RETURN OF A BIRTH

54415

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



any physician, accoucheur, midwife, or other person attending the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4th)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Mar 11, 1882*

11

4. Place of Birth, (Street and Number) *347 Franklin St*

5. Full Name of Mother, *Elizabeth Jane Emmert*

6. Mother's Maiden Name, *" " Gregg*

7. Mother's Birthplace, *Baltimore City Md*

8. Full Name of Father, *Wm Morgan Emmert*

9. Father's Occupation, *Commission Merchant*

10. Father's Birthplace, *Baltimore Co. Md*

Name of Medical Attendant, *J. H. Harrison*
or other Person who makes this return

Address, *231 N. Howard St.*

Remarks,

54415

RETURN OF A BIRTH

57416

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



"That any physician, accoucheur, midwife, or other person to whom any child is born, who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 26, 1882*

4. Place of Birth, (Street and Number) *St. Caroline St. 1364*

5. Full Name of Mother, *Jessamine Lang*

6. Mother's Maiden Name, *Jessamine Schneider*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John Lang*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Waldorf, Pr. Wurtemberg, Germany*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address, *1 Dallas St. No. 26*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

March 11, 1882
143 S. Street St.

Lula A Woodall
Lula Laffler

Ohio
James Woodall
Engineer

Baltimore Md
Wm. Scaufeld M.D.
246 North Charles St.

any physician, or other person, who has attended the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

52418

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

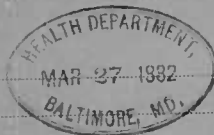


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth &c
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) W
3. Date of Birth Mar 11. 1882
4. Place of Birth, (Street and Number) 57 Etnyngc st
5. Full Name of Mother Elizabeth Ginnse
6. Mother's Maiden Name Himes
7. Mother's Birthplace Balti
8. Full Name of Father George Ginnse
9. Father's Occupation expressman
10. Father's Birthplace Balti
- Name of Medical Attendant, or other Person who makes this Return. J. H. Patterson M.D.
- Address 23 Franklin st
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrars aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

March 27

Seach Alley

Anna Wark

Matric

Germany

Robert Wark

Shoe maker

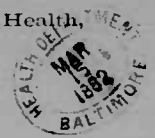
Germany

Charles W. E. Lombard St.

RETURN OF A BIRTH

54420

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) ~~male~~
 2. Race or Color, (if not of the white race)
 3. Date of Birth, March 11th
 4. Place of Birth, (Street and Number) 76 E. Pratt St.
 5. Full Name of Mother, Sarah Ann. Dickstein Scholer
 6. Mother's Maiden Name, Sarah Ann. Dickstein
 7. Mother's Birthplace, City
 8. Full Name of Father, Francis Harold Scholer
 9. Father's Occupation, Clerk
 10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes the Return, Geo. H. Arkman
- Address, 1 Fairmount Ave
- Remarks,

"That any physician, accoucheur, midwife, or other person attending the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, second-church, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. *Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *born 11 of March 1882* *11*
4. Place of Birth, (Street and Number) *28 Patterson ave*
5. Full Name of Mother, *Miss Blenline*
6. Mother's Maiden Name, *Birch Brode*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Andy Blenline*
9. Father's Occupation, *stone moulder*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Miss Wiley*
- Address *10 2 Patterson Park Ave*
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524/22

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 11th 1882

11

4. Place of Birth, (Street and Number)

3 Welles St

5. Full Name of Mother,

Elizabeth Ruff

6. Mother's Maiden Name,

Elizabeth Ruff

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Joseph Ruff

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Paets Pa

Name of Medical Attendant, or other Person who makes this Return

Theodore Cook M.D.

Address.

146 Nassau St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, treat, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 11

4. Place of Birth, (Street and Number)

30 E. Pratt St. near South

5. Full Name of Mother,

Alfprunna

6. Mother's Maiden Name,

Switzerland

7. Mother's Birthplace,

John C. Smith

8. Full Name of Father,

9. Father's Occupation,

Restaurateur

10. Father's Birthplace,

Switzerland

Name of Medical Attendant, or other Person who makes this Return

Francis Leach

Address,

30 E. Lombard St.

Remarks,

RETURN OF A BIRTH 524724

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524424

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 11th 1882

4. Place of Birth, (Street and Number)

No 798 Hanover st
Leone Killigum
Fullum

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

France
Anne Killigum
Hasselauer

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

France
J. Schwasser midwife
330 Hanover st.

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

RETURN OF A BIRTH

57-125

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



"List any physician, accoucheur, midwife or other person attending, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11 of March*

4. Place of Birth, (Street and Number) *1 Winterlings court*

5. Full Name of Mother, *Catherine Stehl*

6. Mother's Maiden Name, *G. Myer*

7. Mother's Birthplace, *Gezaba Radon*

8. Full Name of Father, *Julien Werdanbarg*

9. Father's Occupation, *Working man*

10. Father's Birthplace, *Geleangau*

Name of Medical Attendant, *Miss Sullivan*
or other Person who make this Return

Address, *No 10 Essex street*

Remarks,

RETURN OF A BIRTH

324726

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

102 N. Washington St.
March 11, 1882

11

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Sarah E. Bradley

6. Mother's Maiden Name,

Drizelair

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Bradley

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return

Mary A. Alcock

Address,

286 N. E. 4th St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge of a woman at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

311-12-7

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



514427

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *11 of March*

4. Place of Birth (Street and Number) *43 Pierce Street*

5. Full Name of Mother *Eda Washington*

6. Mother's Maiden Name *Eda Bell*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles Washington*

9. Father's Occupation *Stereotype*

10. Father's Birthplace *Berryville Va*

Name of Medical Attendant, or other Person who makes this Return. *Mary Jane Richardson*

Address *No 212 Doves Street*

Remarks *Mother and child doing well at present*

When any physician, accoucheur, midwife or other person is present at the birth of a child, he or she shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

574-728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th of March

11

4. Place of Birth, (Street and Number)

Baltimore Fort Avenue 127

5. Full Name of Mother,

Mary W. Ames

6. Mother's Maiden Name,

M. W. Dietz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William C. Ames

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Conway

Address.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

571-129

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 11th 1882

11

4. Place of Birth (Street and Number)

3 Mc Culloch St

5. Full Name of Mother

Susan Carroll

6. Mother's Maiden Name

Susan Walker

7. Mother's Birthplace

Balt. Md

8. Full Name of Father

John C. Carroll

9. Father's Occupation

Bal. Md

10. Father's Birthplace

Phos. Latimer M.D.

Name of Medical Attendant, or other Person who make this Return.

Address

184 W. Biddle St

Remarks

no anesthetic.

571-129

RETURN OF A BIRTH.

571-129

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

524429 1/2

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*
 1. Sex (~~state~~ whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *March 11th 1882*
 4. Place of Birth (Street and Number) *231 Dolphin*
 5. Full Name of Mother *Mary E. Duckett*
 6. Mother's Maiden Name *M. E. Roland*
 7. Mother's Birthplace *N. Y.*
 8. Full Name of Father *James Duckett*
 9. Father's Occupation *Optician*
 10. Father's Birthplace *Balt. 4th*
 Name of Medical Attendant, or other Person who makes this Return. *Thos. J. Lattimer*
 Address *187 W. Biddle*
 Remarks *no chloroform.*

Grub

RETURN OF A BIRTH 511.130

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54-130

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12 of March

4. Place of Birth, (Street and Number) 246 So. Charles St

5. Full Name of Mother, Eleasbeth Richway

6. Mother's Maiden Name, Stichel

7. Mother's Birthplace, Charamona

8. Full Name of Father, Charley Stichel

9. Father's Occupation, Box Maker

10. Father's Birthplace, Charamona

Name of Medical Attendant, or other Person who makes this return Prof. Meunier

Address, Lavettaylor St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54-431

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12 1882
4. Place of Birth, (Street and Number) E Lombard St No 225
5. Full Name of Mother, Anna Dangler
6. Mother's Maiden Name, Diester
7. Mother's Birthplace, Germany
8. Full Name of Father, Johann Dangler
9. Father's Occupation, Maternity worker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Wm. J. Crossbach
- Address, 110 14
- Remarks,

511-137

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

544132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 12, 1882

4. Place of Birth, (Street and Number) 252 Park ave

5. Full Name of Mother, Columbia Brooks

6. Mother's Maiden Name, " Jeorgling

7. Mother's Birthplace, Md

8. Full Name of Father, Joshua Brooks

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return G. Lano Panayhille

Address, 129 H. Beddle

Remarks,



RETURN OF A BIRTH

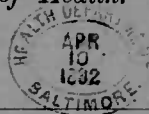
544133

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

542/33

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 12th 1882

4. Place of Birth, (Street and Number)

33 Franklin

5. Full Name of Mother

Margaret Tyson Ellicott

6. Mother's Maiden Name

Margaret Marshall Tyson

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Engene Ellicott

9. Father's Occupation

U. S. Coast Survey

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other person who makes this Return.

H. P. Mulder Jr

Address

146 Park Avenue

Remarks

542/34

Correct Record of Vital Statistics in the City of Baltimore

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

52434

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 12th

4. Place of Birth (Street and Number)

101 Argyle Avenue

5. Full Name of Mother

Charlotte Louise Callender Campfield

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Des Moines, Iowa

8. Full Name of Father

Valentine W. Campfield

9. Father's Occupation

Engineer of Locomotives

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Dr. William H. H.

Address

267 Madison Avenue

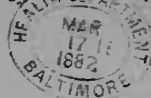
Remarks

521.138

That any Physician, accoucheur, midwife, or other person in charge, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

135

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 12th 1882

10

4. Place of Birth, (Street and Number)

4 11 Saratoga St

5. Full Name of Mother,

Mary Hazel

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson
4 5 Barres St

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

521436

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race)
 3. Date of Birth, March 12th 1882
 4. Place of Birth, (Street and Number) No. 101 Peach ally
 5. Full Name of Mother, Catherine Martin
 6. Mother's Maiden Name, Bergman
 7. Mother's Birthplace, Germany
 8. Full Name of Father, John Martin
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other Person who makes this return J. Schwassner midwife
 Address 380 Hanover st.
 Remarks,

521437

RETURN OF A BIRTH ⁵²⁴⁴³⁷

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4. d.*

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

12. of March.

4. Place of Birth, (Street and Number)

Beard St. 106.

5. Full Name of Mother,

Mary Weyenhimer.

6. Mother's Maiden Name,

Nichols.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Edward Weyenhimer.

9. Father's Occupation,

Boat Maker.

10. Father's Birthplace,

Emport. Germany.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5 Male
White
March 12
11 South
Lark Cary
Lark Gryfel
Ireland
William Cary
Sorman
Ireland
J. Woodley
120 Greenmount

12

521,638

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

574139

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12th of March 1882*

4. Place of Birth, (Street and Number) *339 East Fayette street*

5. Full Name of Mother, *Mahen Ester*

6. Mother's Maiden Name, *Mahen Frackter*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Ritchel Frackter*

9. Father's Occupation, *Blaster*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*

Address, *71 North Chappel street per Justina Kunkel*

Remarks, *Healthy*

12

RETURN OF A BIRTH

524410

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*

1. S. x, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12th March*

121

4. Place of Birth, (Street and Number) *W. 46th Street*

5. Full Name of Mother, *Sarah Jane*

6. Mother's Maiden Name, *Sarah Jane Mabel*

7. Mother's Birthplace, *Annapolis County*

8. Full Name of Father, *Jacob J. Jett*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Sarah Jane Mabel*

or other Person who makes this Return

Address, *170 N. 1st St.*

Remarks,

524410

5744

HEALTH DEPARTMENT
MAR 15 1882
BALTIMORE

12

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- Name of Medical Attendant, or other Person who makes this return *Wm. Henry Krumm*
Address, *4711 Washington St.*
Remarks.

574442

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

3 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 of March

12

4. Place of Birth, (Street and Number)

86 Harrison St

1882

5. Full Name of Mother,

Maggie Rade

6. Mother's Maiden Name,

Mecolter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Rade

9. Father's Occupation,

tinmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address.

212 Patterson Park Ave.

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. :



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

6th
Female.

March. 12th/88 2 12

47 Hillen St

Ellen Gustor

" Flatberg

Ireland

Payton Gustor

Laborer.

Ireland
Edward P. M. D. D. W.

168 N. Calvert St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

541-1-15

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *March 12th 1882*
4. Place of Birth (Street and Number) *Rear of 147 Dolphin St*
5. Full Name of Mother *Mary Beverly*
6. Mother's Maiden Name *Mary Simpson*
7. Mother's Birthplace *Prince George's Co Md*
8. Full Name of Father *Wilson Beverly*
9. Father's Occupation *Crank & Business*
10. Father's Birthplace *Roanoke County Virginia*
Name of Medical Attendant, or other Person who makes this Return. *Thos. F. W. W. W. W. W.*
Address *127 St Paul St*
Remarks

12

52/1/1/6

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "MAR 13 4 1882" is stamped, indicating the 13th day of March, 1882, at 4 o'clock.

Second

Male:

white

March 12

109 Gay St

Millie Frances Gossage

Melli Graves, Strangher

Baltimore City

Harry Clay Messing

Printer

Baltimore city

Mrs. Walters

Remarks,

"That any physician, second doctor, midwife or other person attending at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

5, 1, 1, 1, 1

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *male*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

coloured

3. Date of Birth,

12 March 1882

4. Place of Birth, (Street and Number)

Willmore Alley 14

5. Full Name of Mother,

Ellizer care

6. Mother's Maiden Name,

Ellizer small

7. Mother's Birthplace,

easton shore tal Beard con by m

8. Full Name of Father,

steall care

9. Father's Occupation,

Well digger

10. Father's Birthplace,

easton shore tal Beard con by m

Name of Medical Attendant, or other Person who makes this Return

Marion Marion

Address,

37 Walnut Alley

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist in, or attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

574-48

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



and any physician, midwife, or other person who is present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) 1 Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the 12 1882 12
4. Place of Birth, (Street and Number) at 25 Gilmore St. Baltimore
5. Full Name of Mother, Sarah A. Smith
6. Mother's Maiden Name, Sarah A. Brooks
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Joseph M. Smith
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. S. Shelley
- Address 182 Pratt St. Bal.
- Remarks.

571.1.10

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524149

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 13 1882
4. Place of Birth, (Street and Number) 319 W Hoffman St-
5. Full Name of Mother, Alexina Snyder
6. Mother's Maiden Name, Ebaugh
7. Mother's Birthplace, Carroll County Md
8. Full Name of Father, Henry Snyder
9. Father's Occupation, Stone mason
10. Father's Birthplace, Pennsylvania
- Name of Medical Attendant, Charles Brewer M.D.
or other Person who makes this Return
- Address, 59 Mc Culloch St-
- Remarks.

"That any Physician, accoucheur, midwife or other person in charge, of a birth, shall report to the registrar aforesaid, advise at the birth of every child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH ⁵⁴⁴⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 13 1892

4. Place of Birth, (Street and Number)

*409 Little Allicamma
Elizabeth Schaeffer Lane*

5. Full Name of Mother,

*Friedrich
Balto*

6. Mother's Maiden Name,

7. Mother's Birthplace,

George Schaefferlein

8. Full Name of Father,

*Store Keeper
Germany*

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

*Mrs Louise Wood
236 Canton Ave*

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

524451

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



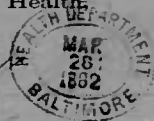
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 13th 1882*
4. Place of Birth (Street and Number) *272 Ramsey St*
5. Full Name of Mother *Sophia Piesinger*
6. Mother's Maiden Name *Sophia Friesinger*
7. Mother's Birthplace *Barto Mrs*
8. Full Name of Father *Conrad Piesinger*
9. Father's Occupation *Railroader*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return, *J. Shimer Mrs*
- Address *# 41 N. Eany St*
- Remarks

13

"That any physician, accoucheur, midwife, or other person attending the birth of a child, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵²⁴⁴⁵²

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

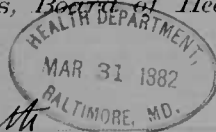


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 13th. 1887*
 4. Place of Birth, (Street and Number) *413 Saratoga St*
 5. Full Name of Mother, *Augusta Hasbagen*
 6. Mother's Maiden Name, *Augusta Ecker*
 7. Mother's Birthplace, *Lanthenthal Prussia*
 8. Full Name of Father, *Henry Hasbagen*
 9. Father's Occupation, *Engineer*
 10. Father's Birthplace, *Platzenswerbe Prussia*
 Name of Medical Attendant, or other person who makes this Return *Wm. H. Kimmel*
 Address, *Co. Schroeder St*
 Remarks,

RETURN OF A BIRTH

574-53

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 13th 1882

13

4. Place of Birth, (Street and Number)

45 Laurens St

5. Full Name of Mother,

Mary A. Meusser

6. Mother's Maiden Name,

A. Reid

7. Mother's Birthplace,

New York

8. Full Name of Father,

Alexander Mc Meusser

9. Father's Occupation,

clerk

10. Father's Birthplace,

Washington Pa

Name of Medical Attendant, or other Person who makes this Return.

Elias C. Price M.D.

Address,

262 Madison Ave

Remarks,

That any Physician, accoucheur, midwife, or other Person who makes this Return, shall, within six days thereafter, submit to the Registrar of Vital Statistics, a true and correct copy of this Return, and of the name of the child, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54454

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 15th

4. Place of Birth, (Street and Number) 711 Chest St

5. Full Name of Mother, Margarette Baumman

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Berlin

8. Full Name of Father, Paul Baumman

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Berlin

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 22 E Lombard St

Remarks,

"That any physician, accoucheur, or other person, who shall be present at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

574458

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 1894

4. Place of Birth, (Street and Number)

66 President St.

5. Full Name of Mother,

Rosa Roselle

6. Mother's Maiden Name,

Rosanna

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Auguste Roselle

9. Father's Occupation,

Cigar Grinder

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Charles Cooper

Address,

22 E. Lombard St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, or cause to be delivered, any child, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54456

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 17th 1880
4. Place of Birth, (Street and Number) No. 211 North St.
5. Full Name of Mother, Mary J. Martin
6. Mother's Maiden Name, Susan T. Martin
7. Mother's Birthplace, N. York
8. Full Name of Father, Peter Martin
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Hessen Darmstadt
- Name of Medical Attendant, or other Person who makes this Return, E. J. L. Schmitt
- Address, No. 211 North St.
- Remarks,

54456

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 13 - 1882*

4. Place of Birth, (Street and Number) *No 10 Regency St Baltimore Md*

5. Full Name of Mother, *Emma Jane Dick*

6. Mother's Maiden Name, *Emma Jane Deems*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Henry Dick*

9. Father's Occupation, *Bookster*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Non licet Kunigunda Schliker
20 Columbia St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend a female, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 54458

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 fourth*

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *March 13th 1882*

13

4. Place of Birth, (Street and Number) *333 E Pratt St*

5. Full Name of Mother *Annie Augusta Flora Meyerdicks*

6. Mother's Maiden Name *Annie E. H. H. H.*

7. Mother's Birthplace *Baltimore City, Md.*

8. Full Name of Father *Martin Meyerdicks*

9. Father's Occupation *Police*

10. Father's Birthplace *Bremen, Germany*

Name of Medical Attendant, or other Person who makes this Return. *Nicholas L. Dashiell*

Address *207 E. Broadway*

Remarks

RETURN OF A BIRTH

54459

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
Female

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 13th

13

4. Place of Birth, (Street and Number)

1729 N Charles St.
Emile Symington
Place

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore
Thomas Symington
Manufacturing Chemist
Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Reggie Backen
135 N Charles St

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person, who shall report to the Registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54459

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, cause or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57460

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 March

4. Place of Birth, (Street and Number) 42 Banns

5. Full Name of Mother, Maria Whitlag

6. Mother's Maiden Name, Baker

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Whitlag

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Josephine Bonard

Address, 12 Banns

Remarks,

57461

"That any physician, accoucheur, midwife or other person attending the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if nat of the white race)

Wht

3. Date of Birth,

March 14 1882

4. Place of Birth, (Street and Number)

210 Sharp St

5. Full Name of Mother,

Mary Hartung.

6. Mother's Maiden Name,

" Rode

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Hartung.

9. Father's Occupation,

Bar-keeper

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Kroll

Address,

328 South Emden St

Remarks,

Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, nurse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

571-164

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

42

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14th March 1882

14

4. Place of Birth, (Street and Number)

Balto Low St 29

5. Full Name of Mother,

Mrs. Lazis

6. Mother's Maiden Name,

Bohemia

7. Mother's Birthplace,

Jos. Lazis

8. Full Name of Father,

Shawmaker

9. Father's Occupation,

Bohemia

10. Father's Birthplace,

Name of Medical Attendant, or other Person who

Mrs. Baptist

Address,

69 N. Washington St

Remarks,

Mrs. Baptist

571-163

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524/63

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 14th 1882

4. Place of Birth, (Street and Number)

Hanover & Sepson St

5. Full Name of Mother,

C. M. Sacks

6. Mother's Maiden Name,

John Procterbrook

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Arthur Sacks

9. Father's Occupation,

Blackman

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooke M.D.

Address.

146 Hanover St

Remarks.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

521/164

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 14th 1882
No. 54 Little Church St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Louise Shomburg
Frisse

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany
Christian Shomburg

8. Full Name of Father,

9. Father's Occupation,

Storekeeper
Germany

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

J. Schwaesser midwife
330 Hanover St

Address

Remarks

Correct Record of Vital Statistics of the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54165

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether *Male* or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *No 50 Town St March 14 1882*

4. Place of Birth (Street and Number) *No 50 Town St*

5. Full Name of Mother

Maggie A Healey

6. Mother's Maiden Name

Bradley

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edward A Healey

9. Father's Occupation

Collector

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W H Diefenderffer M.D.

Address

High St

Remarks

54167

RETURN OF A BIRTH

54466

To the Office of Registrar of Vital Statistics, Board
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, cause to be delivered, or assist at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female.

1. Sex, (state whether male or female)

White.

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 14th 1882.

4. Place of Birth, (Street and Number)

No. 253 Olive Avenue St.

5. Full Name of Mother,

Annie Kirschgessner

6. Mother's Maiden Name,

Annie Groh

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

George Kirschgessner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Eliza Hearnings

Address,

No. 95 Calverton Street.

Remarks,

(City)

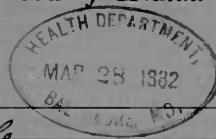
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

54467

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 14th 1882

14

4. Place of Birth, (Street and Number)

24 N. Gay St.

5. Full Name of Mother

Margaret Gordon

6. Mother's Maiden Name

Casey

7. Mother's Birthplace

Ireland

8. Full Name of Father

Thos. Gordon

9. Father's Occupation

Hotel Keeper

10. Father's Birthplace

Ind.

Name of Medical Attendant,

or other Person who makes this Return

D. Wm. Rishy

Address

306 Madison Ave

Remarks

RETURN OF A BIRTH, 04468

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 state whether male or female) male
 or Color, (if not of the white race) white race
 of Birth March 2nd 1862
 of Birth, (Street and Number) Baltimore Rush St No 14
 Name of Mother Emaline Lutcher
 er's Maiden Name Emaline Heckel
 er's Birthplace Baltimore
 Name of Father George H. Lutcher
 er's Occupation laborer
 er's Birthplace Baltimore
 e of Medical Attendant, or other Person who makes this Return. Elizabeth Luthorn
william St No 14
 rks



That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54-469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female
Colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 14

4. Place of Birth, (Street and Number)

West Street No 185

5. Full Name of Mother,

Mrs. Susan Trison

6. Mother's Maiden Name,

Trison

7. Mother's Birthplace,

Anne Arundel County,

8. Full Name of Father,

Edward Trison

9. Father's Occupation,

Working in the County

10. Father's Birthplace,

Westport Virginia

Name of Medical Attendant, or other Person who makes this return.

Charles Taylor

Address,

107 Good Union

Remarks,

Very good condition

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54-70

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female).

male
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

march 14th

4. Place of Birth, (Street and Number)

No 61 myrtle Av

5. Full Name of Mother,

Dora Queen

6. Mother's Maiden Name,

Lora Schriver

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Frank Queen

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sommerfeld

Address,

Remarks,

FILE RECORDS BY VITAL STATISTICS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

574-1771

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

3. 14. 82.

114

4. Place of Birth (Street and Number)

298 Saratoga

5. Full Name of Mother

Mary Anna Hancock

6. Mother's Maiden Name

Subliff

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Albert R. Hancock,

9. Father's Occupation

Clerk

10. Father's Birthplace

Maryland (Anne Arundel)

Name of Medical Attendant, or other Person who makes this Return.

Leander M. Eastman

Address

349 Leret St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the day of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

524-672

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex (state whether male or female)

males

2. Race or Color (if not of the white race)

German

3. Date of Birth

3, 14, 82

114

4. Place of Birth (Street and Number)

11 Rock

5. Full Name of Mother

Mrs

Shmicing

6. Mother's Maiden Name

Hoffman

7. Mother's Birthplace

Germany

8. Full Name of Father

Rudolph Schmicing

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Balto Md

Name of Medical Attendant,

or other Person who makes this Return.

Levi M. Eastman

Address

349 Lomb St

Remarks

Twins - 1st face presentation
Needling app. & forceps

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54473

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female).

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Oct. 1st 1882

4. Place of Birth, (Street and Number)

W. 1st St. 1882

5. Full Name of Mother,

Manda Stronghorne

6. Mother's Maiden Name,

Manda Stronghorne

7. Mother's Birthplace,

demack Virginia

8. Full Name of Father,

labor John Stronghorne

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Provost midwife

Address,

42 No 10 Calton St

Remarks,

114

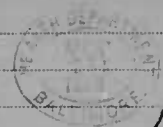
At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524-174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 14th. 1882*
4. Place of Birth, (Street and Number) *No. 43 William St*
5. Full Name of Mother, *Augusta Bridget Kamp*
6. Mother's Maiden Name, *Augusta Schmid*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Adam Bridget Kamp*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *W. A. Butt*
- Address, *No. 185 E. cor. Center st. & Monument St.*
- Remarks, *All Well*



11A

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54478

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14th 1882
4. Place of Birth, (Street and Number) 1077 Addison St
5. Full Name of Mother, Katy Sprole
6. Mother's Maiden Name, Katy Turner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Sprole
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs E Dunmore
- Address, 1054 Federal St
- Remarks, Weight 10 lbs.

14

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

524476

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 14 March 1892

4. Place of Birth (Street and Number) 250 Calhoun St

5. Full Name of Mother Mary Pickett

6. Mother's Maiden Name Brock

7. Mother's Birthplace Baltimore

8. Full Name of Father Christian Pickett

9. Father's Occupation Breeder

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

W. H. Mann
Smelter & Co.

RETURN OF A BIRTH

54477

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, either in person or by proxy, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The child and

1. Sex, (state whether male or female)

The child is a Boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Tuesday the 14

4. Place of Birth, (Street and Number)

169 Dallas Street

5. Full Name of Mother,

Mattha Simes

6. Mother's Maiden Name,

Mattha Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Garre Simes

9. Father's Occupation,

a labor

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Dunken

Address,

122 Dallas Street

Remarks,

all in well



164

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.
1st, 2d, 3d, &c.)

5th
Female
White
1882

HEALTH DEPT
MAY 1
BAL



To the Office of Registrar
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Birthplace,
10. Father's Occupation,
Name of Medical Attendant,
Address,
Remarks,

Female.
White
March 14th 1882
378 Eastern Avenue
Loney Bennett
Loney Bennett
Clerk
Elizabeth Brady
Chester Street
193

or other Person who makes this Return

8. Full Name, _____
 9. Father's Occupation, _____
 10. Father's Birthplace, _____
 Name of Medical Attendant, _____
 Address, _____
 Remarks, _____

or other Person who makes this Return

— CITY PRINTERS AND STATIONERS —

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524178

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 14th 1882

114

4. Place of Birth, (Street and Number)

378 Eastern Avenue

5. Full Name of Mother,

Louise Michel

6. Mother's Maiden Name,

Joseph Bennett

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Martin Michel

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Gray

Address,

193 Chester Street

Remarks,

RETURN OF A BIRTH 524179

RETURN OF A BIRTH

54479

To the Office of Registrar of Vital Statistics, Board of ~~Health~~
BALTIMORE CITY.



That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White -

3. Date of Birth,

March 14 1882

4. Place of Birth, (Street and Number).....

665 N. Race St

5. Full Name of Mother,

Charlotte Spies

6. Mother's Maiden Name,

Charlotte Goedel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Morris Spies

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. S. Fuldman

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 544/80

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



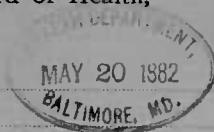
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children
1. Sex (state whether male or female) Male Child
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Nov 13 Macdaniel
4. Place of Birth, (Street and Number) Marx 14
5. Full Name of Mother Hannah Hopkins
6. Mother's Maiden Name Hannah Birch
7. Mother's Birthplace Princeton, Maryland
8. Full Name of Father Henry Hopkins
9. Father's Occupation Barber
10. Father's Birthplace Cambridge
- Name of Medical Attendant, or other Person who makes this Return. J. E. Caldwell
- Address Harriet Britton
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

541-181

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar. 14, 1882

4. Place of Birth, (Street and Number) 168 Chesapeake St.

5. Full Name of Mother, Louisa E. Smith

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baths. Co. Md.

8. Full Name of Father, Frederic H. Smith

9. Father's Occupation, Stone cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. A. Hartman M.D.

Address 305 7th Carolina St.

Remarks

541-182

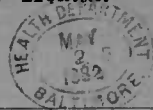
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

54-782

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Child

3. Date of Birth March 15

4. Place of Birth, (Street and Number) Glynn Alley, 1

5. Full Name of Mother Elizer Patake

6. Mother's Maiden Name Baltimorean

7. Mother's Birthplace

8. Full Name of Father Isaac Henry

9. Father's Occupation Worker B. B. Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Britton

Address 78 N. Bethel St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

54483

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

~~March 15th~~ 1892 **March 22,**

4. Place of Birth (Street and Number)

243 N. E. den st

5. Full Name of Mother

Mary Busick

6. Mother's Maiden Name

Pengoy

7. Mother's Birthplace

Balto., Md.

8. Full Name of Father

Daniel Busick

9. Father's Occupation

~~laborer~~ Merchant

10. Father's Birthplace

Balto Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

W. B. Billingsley, M.D.

Address

266 E. John st

Remarks

#54483

State of Maryland City of Baltimore, to wit:-

I Hereby Certify, that on this 15th. day of January, 1917, before me, the subscriber, a Notary Public, of the State of Maryland, in and for Baltimore County, personally appeared Daniel Busick, and made oath in due form of law that he is the father of Harry T. Busick, who was born March 22, 1882, at which time he was a merchant, and said Harry T. Busick was not born March 15th. 1882, and he was not a laborer, as stated in the records of births in the Office of the Registrar of Vital Statistics.

As Witness my hand and Notarial Seal.

Affiant.

Ethel C. Jones.
Notary Public.

Daniel B. Busick

521484

BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or receive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 110-12-13 11 1882
4. Place of Birth, (Street and Number) Baltimore City Ryan St No 2
5. Full Name of Mother, Lania Schramm
6. Mother's Maiden Name, Lania Schramm
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Schramm
9. Father's Occupation, Keeper of Provision Store
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return none
- Address, 1 Linn St
- Remarks,

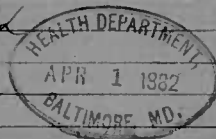
574.183

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 574-186

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child
1. Sex (state whether male or female) Female Child
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 15th of March
4. Place of Birth, (Street and Number) N Bethel st 79
5. Full Name of Mother Henrietta Gibson
6. Mother's Maiden Name _____
7. Mother's Birthplace Summerset County
8. Full Name of Father Frank Stenerson
9. Father's Occupation Porter in store
10. Father's Birthplace Cambridge
Name of Medical Attendant, or other Person who makes this Return. Midwife Harriet Brittan
Address 78 or Bethel st
Remarks _____



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male
white

2. Race or Color (if not of the white race)

3. Date of Birth

18 March 1882

4. Place of Birth (Street, and Number)

32 O'Donnell St

5. Full Name of Mother

Mary

6. Mother's Maiden Name

Clark

7. Mother's Birthplace

Beth m. b.

8. Full Name of Father

Peter Donnelly

9. Father's Occupation

Car driver

10. Father's Birthplace

Beth m. b.

Name of Medical Attendant, or other Person who makes this Return.

E. J. Williams M.D.

Address

53 Beeth St

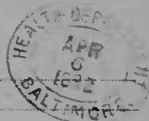
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57/487

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

MARCH 15. 1887

4. Place of Birth (Street and Number)

944 7th Street N. D.

5. Full Name of Mother

Maria F. S. Stadelman

6. Mother's Maiden Name

~~Christina F. Stadelman~~ Sarah F. S.

7. Mother's Birthplace

New York

8. Full Name of Father

Volentine L. Stadelman

9. Father's Occupation

Merchant

10. Father's Birthplace

MA

Name of Medical Attendant, or other Person who makes this Return.

James A. Boring M.D.

Address

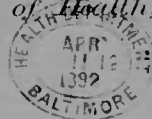
1319 Station St.

Remarks

RETURN OF A BIRTH

574688

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person who makes this Return, shall report to the Registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

march 15/82

4. Place of Birth, (Street and Number)

204 Calver St.

5. Full Name of Mother,

Lida Hutson

6. Mother's Maiden Name,

" Malloy

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Edward Hutson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bald. city

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 S. Broadway

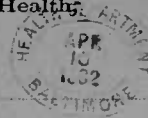
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

514489

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 15, 1882*
4. Place of Birth, (Street and Number) *Charles-Edw Oliver & Ryer*
5. Full Name of Mother, *Kate R. Johnson*
6. Mother's Maiden Name, *Bell*
7. Mother's Birthplace, *Harford Co., Md*
8. Full Name of Father, *John H. Johnson*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *N H White, M.D.*
- Name of Medical Attendant, or other Person who makes this Return *Dr. A Broadway*
- Address,
- Remarks,

RETURN OF A BIRTH

574490

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *March 15 - 1892*
4. Place of Birth, (Street and Number) *28 S. Spring St.*
5. Full Name of Mother, *Clementine Anderson*
6. Mother's Maiden Name, *Hoyt*
7. Mother's Birthplace, *San Francisco Ca*
8. Full Name of Father, *P. V. Andersen*
9. Father's Occupation, *Quarantine Station*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Stein*
- Address, *151 E. Pratt St*
- Remarks, _____

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

514491

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

16

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 15, 1892

4. Place of Birth, (Street and Number)

176 W. Carey St.

5. Full Name of Mother,

Helen Turner

6. Mother's Maiden Name,

11

Stewart

7. Mother's Birthplace,

Scotland

8. Full Name of Father,

Thos. B. Turner

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Charles County Maryland

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewer M.D.

Address,

68 McCulloch Street

Remarks.

RETURN OF A BIRTH

511492

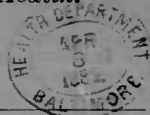
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

54492

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 10 1882

4. Place of Birth, (Street and Number)

Ida Bornscheun

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Franz Bornscheun
Musician

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

571.196

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57473

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10 March*
4. Place of Birth, (Street and Number) *Acile Cuger*
5. Full Name of Mother, *Louise Baim*
6. Mother's Maiden Name, *Pie*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *William Baim*
9. Father's Occupation, *Gasfitter*
10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return

Josephine Howard

Address *20 Marcus St.*

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, or have
 advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
 born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
 of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of ~~Health~~ ^{Health},
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5
 1. Sex, (state whether male or female)..... Boy
 2. Race or Color, (if not of the white race)..... White
 3. Date of Birth,..... 15 March 1891
 4. Place of Birth, (Street and Number)..... No. 90 Russell St.
 5. Full Name of Mother,..... Louise Mazon
 6. Mother's Maiden Name,..... Louise Mazon
 7. Mother's Birthplace,..... Germany
 8. Full Name of Father,..... Charles Mazon
 9. Father's Occupation,..... Laborer
 10. Father's Birthplace,..... Baltimore
 Name of Medical Attendant, or other Person who makes this Return...... Mary Mazon
 Address,..... Russell St. 90
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54495

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

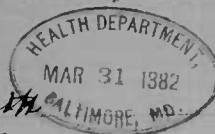


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Boys
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 March 15
4. Place of Birth, (Street and Number) 131 N Spring St
5. Full Name of Mother, Maria Kauranek
6. Mother's Maiden Name, Harlik
7. Mother's Birthplace, Militie Bohemia
8. Full Name of Father, Franc Kauranek
9. Father's Occupation, Laborer
10. Father's Birthplace, Militie Bohemia
- Name of Medical Attendant, Josephine Conrad
or other Person who makes this Return
- Address, 22 Barnes St
- Remarks.

RETURN OF A BIRTH

34496

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Male
White

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 15th 1882

15

4. Place of Birth, (Street and Number)

217 Bolton St

5. Full Name of Mother,

Abbie Ober

6. Mother's Maiden Name,

Smith
Boston

7. Mother's Birthplace,

8. Full Name of Father,

Christian Augustus Emmanuel Spencer

9. Father's Occupation,

Lawyer
Baltimore

10. Father's Birthplace,

Eliza Office M D
262 Madison Ave

Name of Medical Attendant,

or other Person who
makes this Return.

Address,

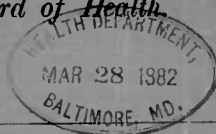
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend a birth, or who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 15th 1882.

4. Place of Birth, (Street and Number) 225 Central ave.

5. Full Name of Mother Johanna Heupnagel

6. Mother's Maiden Name Johanna Selmer

7. Mother's Birthplace Balta

8. Full Name of Father John Heupnagel.

9. Father's Occupation Wagonmaker

10. Father's Birthplace Balta

Name of Medical Attendant, or other Person who makes this Return. David Hillegeist

Address 162 East Monument st.

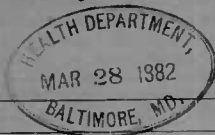
Remarks _____

521,108

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, ⁵⁴⁴⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
name: Mary Relya Kling
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth March 15th 1882. 15
4. Place of Birth, (Street and Number) Chapel St. No number.
5. Full Name of Mother Caroline Kling
6. Mother's Maiden Name Caroline Black
7. Mother's Birthplace Baltimore
8. Full Name of Father John G. Kling
9. Father's Occupation Lotary
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Phillegust
- Address 189 East Monument St.
- Remarks _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend or assist at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

Wid

3. Date of Birth

15 March

15

4. Place of Birth, (Street and Number)

Gay Street No 231

5. Full Name of Mother

Isabella Misket

6. Mother's Maiden Name

" " Lusk

7. Mother's Birthplace

Baltimore.

Nikolaus Misket.

8. Full Name of Father

Stefan

9. Father's Occupation

Baltimore

10. Father's Birthplace

Bank Street No 132

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. J. M. Mawer

That any Physician, accoucheur, midwife, or other person, to whom a child is born, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁵⁴⁵⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 15 1882

4. Place of Birth, (Street and Number)

350. N. Lexington St.

5. Full Name of Mother,

Deliah Lauer

6. Mother's Maiden Name,

Deliah Oettinger

7. Mother's Birthplace,

City Lauer

8. Full Name of Father,

Solomon Lauer

9. Father's Occupation,

Merchant

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any Physician, accouchement, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57/501

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Martha 15*
1. Sex, (state whether male or female) *Child Wednesday 15*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *15*
4. Place of Birth, (Street and Number) *143 York Street*
5. Full Name of Mother, *Mary Flood*
6. Mother's Maiden Name, *Mary Flood*
7. Mother's Birthplace, *Eston Shore Maryland*
8. Full Name of Father, *John + +*
9. Father's Occupation, *X X X X*
10. Father's Birthplace, *Logg St*
- Name of Medical Attendant, or other Person who makes this Return, *Mary Logg*
- Address, *250 Cross*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54502

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 15th 1882

15

4. Place of Birth (Street and Number) 108 North St.

5. Full Name of Mother Emma C. Smith

6. Mother's Maiden Name " " "

7. Mother's Birthplace " " "

8. Full Name of Father John W. Smith

9. Father's Occupation Book Binder

10. Father's Birthplace " " "

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

U. B.

54503

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54503

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 15th

15

4. Place of Birth, (Street and Number)

34 Mulberry St.

5. Full Name of Mother,

Mary Rosensteel

6. Mother's Maiden Name,

Mary McCaffery

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Rosensteel

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

St. Bernard

Address,

2 Cathedral St.

Remarks,

That any Physician, Surgeon, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

074504

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 15th 1882*

15

4. Place of Birth, (Street and Number) *High St.*

5. Full Name of Mother, *Louise Gillman*

6. Mother's Maiden Name, *Shulchris*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Bernhard Gillman*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Quincy*

Name of Medical Attendant, or other Person who makes this Return.

Chas. C. Bernstein

Address,

413 E. Lombard St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54505

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 15th 1892

15

4. Place of Birth, (Street and Number)

No 257 William St

5. Full Name of Mother,

Alice Meyer

6. Mother's Maiden Name,

Alice Roberts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Meyer

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Conway

Address.

Remarks,

521516

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

574586

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15th March 1882

15

4. Place of Birth, (Street and Number)

Balto Chapel st No

5. Full Name of Mother,

Dr. Resash

6. Mother's Maiden Name,

A.

7. Mother's Birthplace,

Bolonia

8. Full Name of Father,

Joe. Resash

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Bolonia

Name of Medical Attendant, or other Person who makes this Return

Mrs. Kappin

Address.

69 W. 1st St

Remarks.

Mrs. Kappin

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54507

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15 March 1882* *15.*
4. Place of Birth (Street and Number) *410 7 Park St*
5. Full Name of Mother *Annie Biggs*
6. Mother's Maiden Name *Dunbar*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Charles J. Biggs*
9. Father's Occupation *Auto*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *McLinnahan M.D.*
- Address *Street 10 Townsend*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524508

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of March 1882*
4. Place of Birth, (Street and Number) *No. 12 First Lane*
5. Full Name of Mother, *Julia Gray*
6. Mother's Maiden Name, *Julia Henig*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm. J. Gray*
9. Father's Occupation, *Furniture Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *May Morris*
- Address, _____
- Remarks, _____

RETURN OF A BIRTH

524509

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

46

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 16, 1882

4. Place of Birth, (Street and Number)

Portugal Alley No. 5

5. Full Name of Mother,

Antonie Gorbun

6. Mother's Maiden Name,

Perseku

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Harold Weichand

9. Father's Occupation,

Lebner

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mrs. L. H. K. K. K.

Address,

Portugal Alley No. 14

Remarks,

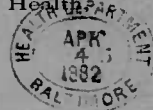
"That any physician, accouchant, midwife or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54510

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 16, 1882

4. Place of Birth, (Street and Number)

336 E. Baltimore St

5. Full Name of Mother,

Anna R. Etelberger

6. Mother's Maiden Name,

Anna R. Coakley

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Jas. S. Etelberger

9. Father's Occupation,

Cluck

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. W. Horck MD

Address,

75 E. Baltimore St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54511

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 16. 1882
4. Place of Birth, (Street and Number) 179 Penna ave
5. Full Name of Mother, Lena Scholz.
6. Mother's Maiden Name, " Weil
7. Mother's Birthplace, md
8. Full Name of Father, Henry F. Scholz
9. Father's Occupation, Trainman
10. Father's Birthplace, md.
- Name of Medical Attendant, or other Person who makes this Return G Lane Tanuphill
- Address, 129 W Biddle st.
- Remarks,

51572

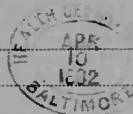
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

514572

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st



1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 16, 1882 (6 A.M.)

4. Place of Birth, (Street and Number) 124 N. Eutaw st

5. Full Name of Mother, Elmira Reinke

6. Mother's Maiden Name, Seymour

7. Mother's Birthplace, Md

8. Full Name of Father, Wm F Reinke

9. Father's Occupation, merchant tailor

10. Father's Birthplace, at sea

Name of Medical Attendant, or other Person who makes this Return G Lane Stanuphill

Address, 129 W Biddle

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

574513

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White (Irish)

3. Date of Birth March 16th 1882

4. Place of Birth, (Street and Number) Car Lane South Eastern St.

5. Full Name of Mother Kate Reddy

6. Mother's Maiden Name M. J. Burns

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas Reddy

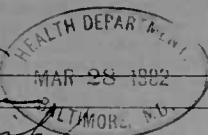
9. Father's Occupation Malster

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Kelly M.D.

Address 306 Madison Ave

Remarks



10

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 10-11-57
RETURN OF A BIRTH.



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Mary Frances White

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

March 16th 1882

4. Place of Birth (Street and Number)

114 Mullikin St

5. Full Name of Mother

Francis White

6. Mother's Maiden Name

Irma White

7. Mother's Birthplace

Balt.

8. Full Name of Father

John White

9. Father's Occupation

Coastman

10. Father's Birthplace

Richmond Va

Name of Medical Attendant, or other Person who makes this Return.

Frederick Miller, M.D.

Address

1179 E. Monument St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 16th 1882.

4. Place of Birth, (Street and Number)

N^o 10 Stemmers Alley.

5. Full Name of Mother,

Bridget Moran

6. Mother's Maiden Name,

Bridget Moran

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

John Moran

9. Father's Occupation,

Laborer

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Eliza Stemming

Address,

N^o 93 Calverly St.

Remarks,

(City)

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

521576

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

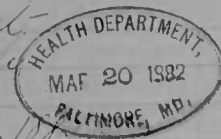
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Direct-
Female



March 16, 1902

478. Phare St.

Penelope L. Andrews

Doctrina

Maryland

Robert D. Andrews

Minister

Rev

Mary A. Howell

286 McLaughlin St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 524517

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) 10
3. Date of Birth, March 16th
4. Place of Birth, (Street and Number) 212 S. Broadway
5. Full Name of Mother, Mary Semmrich
6. Mother's Maiden Name, Lindling
7. Mother's Birthplace, Prussia
8. Full Name of Father, Rudolph Semmrich
9. Father's Occupation, Driver
10. Father's Birthplace, Prussia
- Name of Medical Attendant, or other Person who makes this Return H. Semmrich, M.D.
- Address, 21 E. Lombard St.
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524578

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 16th 1882 10

4. Place of Birth, (Street and Number)

No 54 Henrietta St
Julia Abbekins

5. Full Name of Mother,

Boellner

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Abbekins

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schragesser midwife
330 Hanover St.

Address.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54519

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 16 1892

4. Place of Birth, (Street and Number) 60 Cross St. Balt. Md.

5. Full Name of Mother, Kate Jones

6. Mother's Maiden Name, Kate Hensel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wallace Jones

9. Father's Occupation, Baltimore Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash

Address, 107 Johnson St. Baltimore Md.

Remarks

16

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54520

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *748th*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 16th 1882*
 4. Place of Birth, (Street and Number) *37 Constitution St*
 5. Full Name of Mother, *Mary E. Elliott*
 6. Mother's Maiden Name, *Mary E. Cleary*
 7. Mother's Birthplace, *Baltimore md*
 8. Full Name of Father, *John A. Elliott*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore md*
 Name of Medical Attendant, or other Person who make this Return *Silas M. Hunter M.D.*
 Address, *36 Greenmount Ave*
 Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 16, 1882

4. Place of Birth, (Street and Number)

49 S. Bond St.

5. Full Name of Mother,

Jennie M. Nety

6. Mother's Maiden Name,

" " Sendelbach -

7. Mother's Birthplace,

Balti. City

8. Full Name of Father,

Robert Nety

9. Father's Occupation,

Coal & wood yard

10. Father's Birthplace,

Balti City

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall, M.D.

Address

152 S. Sharp

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

524522

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 2 1

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 16th 1882

4. Place of Birth (Street and Number)

Baltimore Charles ²¹ 160

5. Full Name of Mother

Julia Mc Dowel

6. Mother's Maiden Name

Kagan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Mc Dowel

9. Father's Occupation

Laborer

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Mr & Elizabeth Searcrough
No 220 Montgomery St Balt

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 574523

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *March 16th 1892*
4. Place of Birth (Street and Number) *154 N. Hyatt St*
5. Full Name of Mother *Barbara Brown*
6. Mother's Maiden Name *Barbara Brown*
7. Mother's Birthplace *Calver Co Md*
8. Full Name of Father *Unknown (child illegitimate)*
9. Father's Occupation *"*
10. Father's Birthplace *"*
- Name of Medical Attendant, or other Person who makes this Return. *Edmund R Walker MD*
- Address *183 Linden Ave*
- Remarks *R O A - native*

16

0213B

571531

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57452A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, March the 1st 1892
4. Place of Birth, (Street and Number) 1614 Howard St
5. Full Name of Mother, Jennie Wesley
6. Mother's Maiden Name, Wesley
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Wesley
9. Father's Occupation, Drayman
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return A. Wilson
- Address, Warner St 194
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

574525

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 16 of May

4. Place of Birth, (Street and Number)

No 262 Central Ave

5. Full Name of Mother,

Altarsa Weiger

6. Mother's Maiden Name,

Altarsa Mennel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Heich Mennel

9. Father's Occupation,

Saler

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Christina Sauer

Address,

113 Hanfsterne

Remarks,

1802

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57/524

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16 of March*
4. Place of Birth, (Street and Number) *17 Harrison ally*
5. Full Name of Mother, *Mary Neal*
6. Mother's Maiden Name, *Mary Williams*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Neal*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Louisa Wiley*
- Address. *No 12 Patterson Park avenue*
- Remarks.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. S. x, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 16/82

10

4. Place of Birth, (Street and Number)

Duncan Alley no Eastern Ave

5. Full Name of Mother,

Bridget D. Duncanson

6. Mother's Maiden Name,

Bridget Loftus

7. Mother's Birthplace,

England

8. Full Name of Father,

Patrick Duncanson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mary E. James

Address

#171 N. Washington St.

Remarks

Wm. J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

524528

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 574528

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



2^d
Male
White
March 16th 1882
643 Light St
Margaret Consey
Margaret Consey
Baltimore, Maryland
Carrin Consey
Laborer
Baltimore, Maryland
C. C. Consey
513 Light St

RETURN OF A BIRTH 574529

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

524529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Murphy



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

March 16th 1882

10

4. Place of Birth (Street and Number)

12.30 Perry St

5. Full Name of Mother

Ann Siler Brown

6. Mother's Maiden Name

Ross

7. Mother's Birthplace

Tobacco Stick

MD

8. Full Name of Father

John Gargl Brown

9. Father's Occupation

labor

10. Father's Birthplace

Tobacco Stick MD

Name of Medical Attendant, or other Person who makes this Return.

Mary S Dennis mid wife

Address

No 21 Peach Alley

Remarks

D.W.D.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

52/530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 17th 1892

4. Place of Birth, (Street and Number)

244 N. E. Caroline St.

5. Full Name of Mother,

Charlotte Menchen

6. Mother's Maiden Name,

Kredle

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Henry Menchen

9. Father's Occupation,

Cigar Manufacturer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

May Koch

Address,

328 W. E. 1st St.

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

524531

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first
male
white

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

march 14 1882

4. Place of Birth (Street and Number)

50 Hill st

5. Full Name of Mother

Bettie Lornny

6. Mother's Maiden Name

Bettie Laddell

7. Mother's Birthplace

Harford Co Md

8. Full Name of Father

John Franklin Lornny

9. Father's Occupation

Boilerman

10. Father's Birthplace

Harford Co Md

Name of Medical Attendant, or other Person who makes this Return.

W. H. Wiley M.D.
158 Leonard St

Address

Remarks

That any Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *11th day of March*

4. Place of Birth, (Street and Number) *Gierck 25 2005*

5. Full Name of Mother, *Catherine Sheridan*

6. Mother's Maiden Name, *Catherine Humphreys*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John Sheridan*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other Person who makes this Return, *M E Donnelly Midwife*

Address, *Little walk st ab 18*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

571533

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 17 1882

4. Place of Birth (Street and Number)

87 D Chester St

5. Full Name of Mother

Laura W Fuller

6. Mother's Maiden Name

Jewell

7. Mother's Birthplace

Howards Co Md

8. Full Name of Father

Charles W Fuller

9. Father's Occupation

Marine

10. Father's Birthplace

Be Md

Name of Medical Attendant, or other Person who makes this Return.

M D Danonport

Address

194 Gough St

Remarks

Mother & Child doing well

571533A

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

first child
female child
Caucasian child
17 March 1882
No 2 Parriek alley

Maria Cornish
Baltimore City
Robert Banks
Ct. Buer
Cath. Catholic
Mary C. Jones
No 17 N. Herit
Baltimore City

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

514535

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *7th.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 17th. 1882* *17*

4. Place of Birth, (Street and Number) *No 327 Central av.*

5. Full Name of Mother, *Lizzie Ottman*

6. Mother's Maiden Name, *Lizzie Rubert*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Ottman*

9. Father's Occupation, *Sign maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Wm. M. H. Batt.*

Address, *No 185 E. cor. Central av. & Monument St*

Remarks, *All Well*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATISTICAL

rise
days
cal
iden

RETURN OF A BIRTH

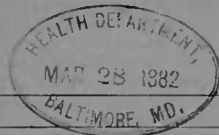
51536

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 51/536

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 17th 1882.

4. Place of Birth, (Street and Number) B #22 Anthony street

5. Full Name of Mother Josephina Pleasant

6. Mother's Maiden Name Josephina Locke

7. Mother's Birthplace Germany

8. Full Name of Father Charles Pleasant

9. Father's Occupation Blacksmith

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return. Dr. W. H. Huggins

Address 182 E Monument St

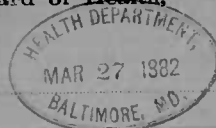
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

574537

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2
1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... March 24 1882
4. Place of Birth, (Street and Number)..... 42 Greenb. St.
5. Full Name of Mother,..... Fredericka Galt
6. Mother's Maiden Name,..... Hunt
7. Mother's Birthplace,..... Germany
8. Full Name of Father,..... J. H. Galt
9. Father's Occupation,..... Tailor
10. Father's Birthplace,..... Germany
- Name of Medical Attendant, or other Person who makes this Return..... Sarah Galt
- Address,..... 21 E. Greenb. St.
- Remarks,.....

17

RETURN OF A BIRTH

574538

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54538

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 March

4. Place of Birth, (Street and Number) 7 E. Pratt

5. Full Name of Mother, Maria Slechla

6. Mother's Maiden Name, ~~Kilian~~ Bohemia

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Anton Slechla

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephine Harrod

Address, 28 Barnes

Remarks.

54539

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, making distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th

Female

17th March 1882

55 Lee St

Mary Miller

Balt.

Stephen Miller

Plumber

Balt.

A. W. Melles

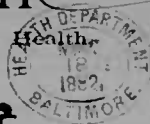
57 Barn

Mid

By physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

17 March

4. Place of Birth, (Street and Number)

Redfern Street

5. Full Name of Mother,

Margaret Kelly

6. Mother's Maiden Name,

Margaret Kennedy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Kelly

9. Father's Occupation,

Clasp Flower
Engineer

10. Father's Birthplace,

Mary Kroh

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Lived one hour

Under doctor

Julius Kochler

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth *sex*, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Ray Armond



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex (state whether Male or Female) ♀
 2. Race or Color (if not of the white race) White
 3. Date of Birth March 17, 1882
 4. Place of Birth (Street and Number) 431 W. Mount St.
 5. Full Name of Mother Mrs. Nellie Orwood Joy
 6. Mother's Maiden Name Smith
 7. Mother's Birthplace Westbrook, Me.
 8. Full Name of Father Carlos S. Joy
 9. Father's Occupation Commissioner Merchant
 10. Father's Birthplace Trinidad, Cuba

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. L. Ingle M.D.
247 Lawrence St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5115121

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first one
female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Col ord

3. Date of Birth

march the 4 1882

4. Place of Birth (Street and Number)

6708 nat st 504

5. Full Name of Mother

Mary Pittson

6. Mother's Maiden Name

Mary

7. Mother's Birthplace

Bal timore ab 80

8. Full Name of Father

Henry Pittson

9. Father's Occupation

oyster shucker

10. Father's Birthplace

Bal timore wife

Name of Medical Attendant, or other Person who makes this Return.

aney Ruff 69
chest nat st

Address

120

Remarks

no

Record of Vital Statistics in the City of Baltimore
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5215143

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 6
1. Sex, (state whether male or female)..... Boy
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... 17 March 1881
4. Place of Birth, (Street and Number)..... West side of Wight
5. Full Name of Mother,..... Barbara C. Cragen
6. Mother's Maiden Name,..... Barbara Cragen
7. Mother's Birthplace,..... Baltimore
8. Full Name of Father,..... Martin Cragen
9. Father's Occupation,..... Sailor
10. Father's Birthplace,..... Baltimore
- Name of Medical Attendant, or other Person who makes this Return,..... Mary Magarone
- Address,..... Russell St. No. 70
- Remarks,.....

5215214

RETURN OF A BIRTH.

52452417

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Two
Female

(state whether Male or Female)

race or Color (if not of the white race)

Colored

Date of Birth

17th March 1882

Place of Birth (Street and Number)

181 Sharp St
E. E. Brown

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Maryland
George Cooper
Mariner

Maryland
Caroline Moore
103 Belmore St

C. BILANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

52452417

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth March 17th 1882
4. Place of Birth, (Street and Number) 20501 Pearl Avenue
5. Full Name of Mother Catherine Hertzberger
6. Mother's Maiden Name Catherine S. Miller
7. Mother's Birthplace Maryland
8. Full Name of Father George Miller
9. Father's Occupation Laborer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. Starnall his wife
- Address 20501 Pearl Avenue
- Remarks mother and child doing very well

RETURN OF A BIRTH

54576

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5145176

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



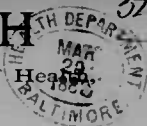
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *four*
- Sex (state whether male or female) *male*
- Race or Color (if not of the white race) *White*
- Date of Birth *March the 17 1882*
- Place of Birth (Street and Number) *No 247 Bank St*
- Full Name of Mother *Clara F. Russell*
- Mother's Maiden Name *Clara F. Paulsen*
- Mother's Birthplace *Accomac Co Md*
- Full Name of Father *Benjamin F. Russell*
- Father's Occupation *Wagon maker*
- Father's Birthplace *Dorchester Co Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Anna E Ball*
- Address *No 171 South Chester st*
- Remarks

17

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

11
Male
White
17th of March 1882
141 Central Ave.
J. H. Newlin
J. H. Newlin
Baltimore
John's Henderson
Butler
Baltimore
May H. H. H.
122 N. E. 1st

RETURN OF A BIRTH

5745248

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



“That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.”

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19th of March 1892*

4. Place of Birth, (Street and Number) *No 11 North Holl Street*

5. Full Name of Mother, *Theresa Friedel*

6. Mother's Maiden Name, *Theresa Crol*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Flory Crol*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*

Address, *11 North Chappel Street per Justina Kunkel*

Remarks, *Healthy*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of its mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
 1. Sex, (state whether male or female) *Boy Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *14th of March 1882*
 4. Place of Birth, (Street and Number) *331 Madison st*
 5. Full Name of Mother, *Josephine Quack*
 6. Mother's Maiden Name, *W. Sworer*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *George J. Quack*
 9. Father's Occupation, *Bricklayer*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return *Mary Wallis*
 Address, *125 N. Caroline st*
 Remarks,

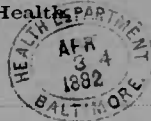
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54530

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Name of child: *George F. Schmann*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *18th of March*

4. Place of Birth, (Street and Number) *18 No 233 Hamburg St*

5. Full Name of Mother, *Louisa Pigheart*

6. Mother's Maiden Name, *Louisa Schmann*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *August Schmann*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who make this Return

Address, *1825 Fall St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524551

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

18 March 1882

4. Place of Birth, (Street and Number)

133 N Calhoun Street

5. Full Name of Mother,

Mary E. Mues

6. Mother's Maiden Name,

Brittner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Mues

9. Father's Occupation,

clerk

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewer, M.D.

Address,

58 McCallum Street

Remarks,

Record of Vital Statistics in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

521552

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 18th 1882*
4. Place of Birth, (Street and Number) *147 S. Bond*
5. Full Name of Mother, *Susan Ellen Miller*
6. Mother's Maiden Name, *Susan Ellen Martin*
7. Mother's Birthplace, *Talbot Co. Md.*
8. Full Name of Father, *Thomas Miller*
9. Father's Occupation, *Sugar Maker*
10. Father's Birthplace, *Bavaria*
- Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin*
- Address, *124 n Exeter*
- Remarks,

Correct Record of Vital Statistics is the Goal of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

52/533

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 18th of March

4. Place of Birth, (Street and Number) 2 Federal St.

5. Full Name of Mother, Mary Ann Barnett.

6. Mother's Maiden Name, Landless.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Barnett.

9. Father's Occupation, Miller

10. Father's Birthplace, Baltimore

Name of Medical Attendant, L. H. Stettin, M.D. or other Person who makes this Return

Address, 369 Cathedral St.

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

574557

To the Office of Registrar of Vital Statistics. Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2nd, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

March 18, 1882

Chesapeake St. N. Side 1st E. of Broadway

Emma A Moore

Halsh

Balto

A H Moore

Book Keeper

Balto

W H Hildebrand

367 N Broadway

RETURN OF A BIRTH

524555

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether male or female)

White-

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 18, 1882

4. Place of Birth, (Street and Number)

N. Wolfe 233

5. Full Name of Mother,

Louisa Helm

6. Mother's Maiden Name,

Bailone

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Joseph Helm

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt. City-

Name of Medical Attendant, or other Person who makes this Return

W. White-M.D.

Address,

347 N Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

When received by the authorities in the City of Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524536

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male -

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 18th 1882 =

4. Place of Birth, (Street and Number)

437 Light St -

5. Full Name of Mother,

Elizabeth Kadden -

6. Mother's Maiden Name,

" Robinson

7. Mother's Birthplace,

Petersburg, Va.

8. Full Name of Father,

Meyer Kadden -

9. Father's Occupation,

Merchant,

10. Father's Birthplace,

Germany,

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall, M.D.

Address,

152 S. Sharp St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 18. 1882*

4. Place of Birth, (Street and Number) *256 Madison ave*

5. Full Name of Mother, *Catharine T. Laws*

6. Mother's Maiden Name, *" " Starr*

7. Mother's Birthplace, *Penn.*

8. Full Name of Father, *David A. Laws*

9. Father's Occupation, *confectioner*

10. Father's Birthplace, *Md.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



G. Lane Sanaphie
129 W Biddle St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 574558

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18th March. 18

4. Place of Birth, (Street and Number)

239 Hollins st

5. Full Name of Mother,

Elizibeth Rosina Schiffert

6. Mother's Maiden Name,

" " Hess

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

George Christopher Shipfeling

9. Father's Occupation,

Coach Painter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. J. J. Smith

Address,

cc. Schaefer st.

Remarks,

Full Born & Living

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54559

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *White Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 18.* *18*
4. Place of Birth (Street and Number) *303 Light St.*
5. Full Name of Mother *Clara Menshaw*
6. Mother's Maiden Name *Clara Ayres*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Carpenter John Menshaw*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. R. Cuskey*
- Address *134. Haverbury St.*
- Remarks *Living Well*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

574560

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *18 of march*
4. Place of Birth, (Street and Number) *36 Harris ally*
5. Full Name of Mother, *Amelia Harvey*
6. Mother's Maiden Name, *Amelia Sappalie.*
7. Mother's Birthplace, *Anneville County*
8. Full Name of Father, *Levin Harvey*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Wymico County eastern shore.*
- Name of Medical Attendant, *Slaggy J. Swartz.*
or other Person who makes this Return.
- Address, *59. Wymico Street*
- Remarks,

18

RETURN OF A BIRTH

574561

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

547561

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 18 1902

4. Place of Birth, (Street and Number) No. 185 Batey av

5. Full Name of Mother, Margaret A. Dear

6. Mother's Maiden Name, Margaret A. Margman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edm. T. Dear

9. Father's Occupation, Engineer

10. Father's Birthplace, Northampton Co. Va.

Name of Medical Attendant, or other Person who makes this Return Mrs. Conway

Address, Batey hse 151

Remarks, Healthy

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵²¹⁵⁶²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 18th 1882

4. Place of Birth, (Street and Number)

No 792 S. Charles St

5. Full Name of Mother,

Elise Wolf

6. Mother's Maiden Name,

Knickmann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Wolf

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

J. Lohrasser midwife

Address

330 Hanover St

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

574563

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white 18
3. Date of Birth, march 18th
4. Place of Birth, (Street and Number) no 202 charles st
5. Full Name of Mother, alies v howes
6. Mother's Maiden Name, alies word
7. Mother's Birthplace, calvert county
8. Full Name of Father, henry B howes
9. Father's Occupation, laborer
10. Father's Birthplace, calvert county
- Name of Medical Attendant, or other Person who makes this Return Mrs Lydia Porter
- Address no 4 patuxco avenue
- Remarks healthy child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5243627

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, 18th of March
4. Place of Birth, (Street and Number) 312 Harris ally.
5. Full Name of Mother, Lizzie Dark
6. Mother's Maiden Name, Lizzie Brady
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Dark.
9. Father's Occupation, labor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mary L. Swartz
- Address, 57 Mylone street
- Remarks,

18

RETURN OF A BIRTH

521565

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524565

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 18/82

18

4. Place of Birth, (Street and Number)

#293 Alice Ann St.

5. Full Name of Mother,

Lena M. G. McClellan

6. Mother's Maiden Name,

Lena M. Gossage

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George B. McClellan

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary E. Stevens

Address,

#171 P. Washington St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524566

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 18th 1882 18

4. Place of Birth, (Street and Number)

No. 29 Burke St.

5. Full Name of Mother,

Mrs. Maggie Lawson

6. Mother's Maiden Name,

Mrs. Maggie Starkman

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Benjamin Lawson

9. Father's Occupation,

Stone moulder

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel L. L. L.

Address,

No. 65 Burke St.

Remarks,

RETURN OF A BIRTH

524567

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

524567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 18th 1882 18
4. Place of Birth, (Street and Number) No 231 N. Anne St
5. Full Name of Mother, Mary Bridget Brown
6. Mother's Maiden Name, " " Murphy
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Edward Brown
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address, Dr 238 N Broadway

Remarks,

Correct Record of Vital Statistics of the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁴⁵⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 18. 1882* *18*
4. Place of Birth, (Street and Number) *182 Mulberry*
5. Full Name of Mother, *Annie Webb*
6. Mother's Maiden Name, *" Ledley*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *Richard Webb*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *England*
Name of Medical Attendant, or other Person who made this return *Dr. F. R. Morgan*
Address, *119 to Monument St*
Remarks,

RETURN OF A BIRTH ⁵⁴⁵⁶⁹

Record of Vital Statistics in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2
Male
White
March 18 1882
101 E. Fayette St
Amanda Waldorf
Amanda Wurzbarger
City
William Waldorf
Clothes
Germany
A. B. Quodm

Extract Regulations of the Board of Health of Baltimore.
 rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54570

To the Office of Registrar of Vital Statistics, Board of Health.
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) **7-**
1. Sex (state whether Male or Female) **Female**
2. Race or Color (if not of the white race) **white**
3. Date of Birth **March 18th 1884**
4. Place of Birth (Street and Number) **374 Air Street**
5. Full Name of Mother **Mary R. Wraynor**
6. Mother's Maiden Name **" " Canby**
7. Mother's Birthplace **Baltimore**
8. Full Name of Father **Thos R. Wraynor**
9. Father's Occupation **machinist**
10. Father's Birthplace **Richmond Va**
- Name of Medical Attendant, or other Person who make this Return. **James Miller M.D.**
- Address **179 E. Monument St.**
- Remarks

18

correct Record of Vital Statistics in the City of Baltimore.
 "That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *54571*

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White Race*
 3. Date of Birth, *March 18th 1882*
 4. Place of Birth, (Street and Number) *172 Shulinkin St*
 5. Full Name of Mother, *Julia Simson*
 6. Mother's Maiden Name, *Julia Gross*
 7. Mother's Birthplace, *Tulbert County*
 8. Full Name of Father, *Charles Simson*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Lucius W. Woodford*
 Address, *130 Leicester St*
 Remarks,



Extract Regulations of the Board of Health of Baltimore.
 rect Record of Vital Statistics in the City of Baltimore.

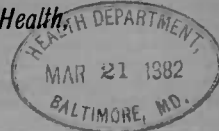
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name: *Lury Johannes*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth: *March 18th 1882* *18*

4. Place of Birth (Street and Number) *No. 231 N. Mount St*

5. Full Name of Mother *Mrs. Sarah Anne Johannes*

6. Mother's Maiden Name *Mitchell*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Allen Johannes*

9. Father's Occupation *Jeweller*

10. Father's Birthplace *Balto.*

Name of Medical Attendant, or other Person who makes this Return. *Wm. W. Murray M.D.*

Address *308 W. Fayette St*

Remarks

54573

BALTIMORE CITY.

[Signature]

Remarks,

March 19, 1882
E Lombard St No 340
Margarette Leberlein
Friedrich
Barbara
Leberlein
Eben
Barbara
Mrs. Joh. P. Neubach
V. Hall St No 14



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

correct Record of Vital Statistics in the City of Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child of children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54574

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

March 19 1882
E Schupstr. No 235
Amalie Schandern
Bernert
Balt.
Stephen Schandern
Heaterman
Balt.
Mrg. Joh. Brachbach
H. Walpitz No 14



*Extract Registrations of the Board of Health
of the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54575

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *19 March 1882*
4. Place of Birth (Street and Number) *14 E Chesapeake*
5. Full Name of Mother *Mary Valeria*
6. Mother's Maiden Name *Millins*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Herman Hilbert*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *E. J. Williams*
- Address *33 E. Elliott St.*
- Remarks

Extract Regulations of the Board of Health of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54576

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

19 March 1882

4. Place of Birth (Street and Number)

47 E. Pratt St

5. Full Name of Mother

Mary

6. Mother's Maiden Name

Craig

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Malone

9. Father's Occupation

Stone Laid

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

E. J. Madigan M.D.

Address

53 E. Pratt St.

Remarks

RETURN OF A BIRTH, 54577

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 19 1882

4. Place of Birth, (Street and Number)

111 S. Street

5. Full Name of Mother

Julia C. Church

6. Mother's Maiden Name

Wilcox

7. Mother's Birthplace

8. Full Name of Father

Charles W. Church

9. Father's Occupation

Bookkeeper

10. Father's Birthplace

Connecticut

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. B. Rogers & Co. 111 S. Street

Address

Remarks

as there is any condition, write name of the mother

RETURN OF A BIRTH 54578

54578

BALTIMORE CITY.

314

White

March 19th 1882

N. 141 N. Stricker St

Sarah L Clarke

Sarah L. Clarke

Remps

Laes. deq

A. S. Clarke

School Teacher

Balli. def

A. C. L. Martin

2871r. *Quercus* *oblongifolia*

3871r. *Quindas* *see*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days after stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother, and whether such child or children.

J. C. DELANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A REBEL

RETURN OF A BIRTH

54579

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, March the 19 1882

4. Place of Birth, (Street and Number) Baltimore No 15 Cathedral St.

5. Full Name of Mother, Deborah Lanscy

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Edward Lanscy

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this return Mary A. Dorsey

Address, 83 Oxford St.

Remarks.

to be filled out by the Registrar of Vital Statistics, Board of Health, Baltimore City, within six days thereafter, stating distinctly the date of birth, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

54580

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 19th 1882

19

4. Place of Birth (Street and Number)

392 Mulberry St

5. Full Name of Mother

Mrs. Kate Hallock

6. Mother's Maiden Name

Pennington

7. Mother's Birthplace

Harford Co. Md.

8. Full Name of Father

Edward Darnley Hallock

9. Father's Occupation

Merchant

10. Father's Birthplace

Rochester N.Y.

Name of Medical Attendant, or other Person who makes this Return.

Address

Wm. W. Murray

Remarks

308 W. Fayette St.

RETURN OF A BIRTH ⁵⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

(state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

March 19, 1882

Place of Birth, (Street and Number)

#104 Chasfield St.

19

Name of Mother,

Theresa P. Kreuner

Mother's Maiden Name,

J. Brown

Birthplace,

Balto

of Father,

George Kreuner

Occupation,

Cigar Maker

Birthplace,

Balto

Medical Attendant, or other Person who makes this Return

Mrs Mary E. Kreuner

#171 J. Washington St.

PRINTED AND STATIONED

RETURN OF A BIRTH ⁵⁴⁶

For the use of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 545

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 14th

4. Place of Birth, (Street and Number)

10 Park St.

5. Full Name of Mother,

Mat. George

6. Mother's Maiden Name,

H. Jones

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

Andrew George

9. Father's Occupation,

Painter

10. Father's Birthplace,

Pa.

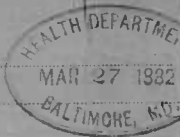
Name of Medical Attendant, or other Person who makes this Return

Charles C. Caper

Address,

11 E. Lombard St.

Remarks,



RECEIVED 5-9-88
RETURN OF A BIRTH, 54583

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Ralanc Sank Corkran
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex (state whether male or female) *Male*
 2. Race or Color, (if not of the white race)
 3. Date of Birth *19th March 1882*
 4. Place of Birth, (Street and Number) *80 Batten Avenue*
 5. Full Name of Mother *Elizabeth Corkran*
 6. Mother's Maiden Name *" Sank*
 7. Mother's Birthplace *Balt*
 8. Full Name of Father *Benjamin Corkran*
 9. Father's Occupation *Machinist*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *St. W. McElroy, M.D.*
 Address *54 Batten*
 Remarks

RETURN OF A BIRTH.

545

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



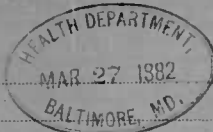
- Child of Mother, (state whether 1st, 2d, 3d, &c.) *19th*
(state whether Male or Female) *Male*
Race or Color (if not of the white race) *Colored*
Date of Birth *19 of March 1882*
Place of Birth (Street and Number) *64 Stockholm St*
Full Name of Mother *Annie Marie Edmond*
Mother's Maiden Name *Annie Marie Brooks*
Mother's Birthplace *Baltimore*
Full Name of Father *Thornton Edmond*
Father's Occupation *breeding*
Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Stills*
Address *22 Stockholm*

Remarks *doing well it can expect*

RETURN OF A BIRTH 14585.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race)
 3. Date of Birth, March 4 1882 19
 4. Place of Birth, (Street and Number) 42 Calvert
 5. Full Name of Mother, Emma Maria Gileta
 6. Mother's Maiden Name, Gileta
 7. Mother's Birthplace, Italy
 8. Full Name of Father, Joseph Gileta
 9. Father's Occupation, Fruit Dealer
 10. Father's Birthplace, Italy
 Name of Medical Attendant, or other Person who makes this return Joseph Casper
 Address, 21 E Lombard St
 Remarks,

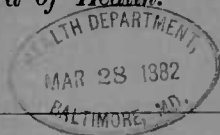
will, six days thereafter, and the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54586

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth March 19th 1882.
 4. Place of Birth, (Street and Number) 349 Central Ave.
 5. Full Name of Mother Anna Grossman
 6. Mother's Maiden Name Anna Gray
 7. Mother's Birthplace Baltic.
 8. Full Name of Father Peter Grossman
 9. Father's Occupation Matthias maker.
 10. Father's Birthplace Baltic
- Name of Medical Attendant, or other Person who makes this return. Leon Hillegast
- Address 182 East Monument St.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54587

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19 March 19

4. Place of Birth, (Street and Number) 178 Central Ave.

5. Full Name of Mother, Minnie Wheeler

6. Mother's Maiden Name, Fern

7. Mother's Birthplace, Pommern Germany

8. Full Name of Father, Henry W. Wheeler

9. Father's Occupation, cabinet maker

10. Father's Birthplace, Hanover

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Altig

Address, No 45 Holloman street.

Remarks,

W. J. G. BARRY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 54588

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54588

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 March 19

4. Place of Birth, (Street and Number) 239 N Central Ave.

5. Full Name of Mother, Ethel West

6. Mother's Maiden Name, Albers

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob West

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this return Josephine Conrad

Address, 20 Barnes St.

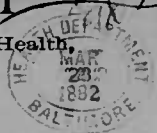
Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54589

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) germ

3. Date of Birth, 19 March

4. Place of Birth, (Street and Number) 45 Harrison Street

5. Full Name of Mother, Betty Conheim

6. Mother's Maiden Name, " Masserburg

7. Mother's Birthplace, Polen

8. Full Name of Father, Charles Conheim

9. Father's Occupation, Schoemaker

10. Father's Birthplace, Polen

Name of Medical Attendant, Mrs Rosa Gilling
or other Person who makes this Return

Address, No 48 H. allard St.

Remarks, _____

RETURN OF A BIRTH.

54590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

Twelve

state whether Male or Female

Female

or Color (if not of the white race)

Colored

of Birth

March 19th 1882

19

of Birth (Street and Number)

No 52 Race St

Name of Mother

Mary Brooks

er's Maiden Name

er's Birthplace

Baltimore

Name of Father

John Mossel

er's Occupation

Oyster Seller

er's Birthplace

Baltimore

of Medical Attendant, or other Person who makes this return

Caroline Moore

ress

No 2 Belton St

marks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54591

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 19, 1882*

4. Place of Birth, (Street and Number) *428 Lexington St.*

5. Full Name of Mother, *Anna Bell Turner*

6. Mother's Maiden Name, *" Gardiner*

7. Mother's Birthplace, *Baths. Ind.*

8. Full Name of Father, *William A. Turner*

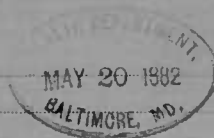
9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baths. Ind.*

Name of Medical Attendant, or other Person who makes this Return *Geo. A. Hartman M.D.*

Address *2305-526 Carroll St.*

Remarks



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54572

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Birth
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth 19th March 19
4. Place of Birth, (Street and Number) 523 Fort Ave
5. Full Name of Mother Ann Rosman
6. Mother's Maiden Name Ann Whalton
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Rosman
9. Father's Occupation Labour
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this return. Mrs Elizabeth Donaldson
- Address No 442 Fort Ave
- Remarks Mother and Child doing well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *54593*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *March 17th 1882.*

4. Place of Birth, (Street and Number) *177 Highland Street.*

5. Full Name of Mother, *Katie Kline.*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Prussia.*

8. Full Name of Father, *John Kline.*

9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Prussia.*

Name of Medical Attendant, or other Person who makes this Return, *August S. Smith.*

Address, *No. 526 Pennsylvania Ave.*

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54594

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 17 1882
4. Place of Birth (Street and Number) Hancock St No 187
5. Full Name of Mother Eleanor Jensen
6. Mother's Maiden Name Eleanor Jensen
7. Mother's Birthplace Baltimore
8. Full Name of Father William Jensen
9. Father's Occupation Policeman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary G. Anderson
- Address No 10 Blys Street
- Remarks

19

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 19th 1882.

4. Place of Birth, (Street and Number)

No 58 Stiles Street

5. Full Name of Mother,

Annie M. E. Mueller

6. Mother's Maiden Name,

Annie M. E. Roth.

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Jacob Mueller

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Eliza Hemmings

Address,

No 95 W. Main Street

Remarks,

City

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54596

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2nd child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 19th March 1882

4. Place of Birth, (Street and Number) 45 15 Chasnut St

5. Full Name of Mother, Louis Guth

6. Mother's Maiden Name, Hanschel

7. Mother's Birthplace, Hanover

8. Full Name of Father, Frank Guth

9. Father's Occupation, Locksmith

10. Father's Birthplace, Bönnig

Name of Medical Attendant, or other Person who makes this Return Anne Linchen

Address, 45 15 S. Morris St.

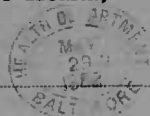
Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children; born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54597

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20th March

4. Place of Birth, (Street and Number) no number at all

5. Full Name of Mother, Catharine Johnson

6. Mother's Maiden Name, Perce

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Johnson

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, A. Wilson
or other Person who makes this Return

Address, Warner St 144

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54578

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, 20 of March
4. Place of Birth, (Street and Number) Hamburg St
5. Full Name of Mother, Rachel Fitchell
6. Mother's Maiden Name, 4 horns
7. Mother's Birthplace, Cumberland Co
8. Full Name of Father, Ed. Ward Hall
9. Father's Occupation, farmer
10. Father's Birthplace, Westminister
- Name of Medical Attendant, or other Person who makes this Return Dr. Wilson
- Address, Warner St 194
- Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54599

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Monday March 25 Th 1882*

4. Place of Birth (Street and Number) *151 E. Eager St.*

5. Full Name of Mother *Mary Dawson*

6. Mother's Maiden Name *Mary Gormally*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *John Dawson*

9. Father's Occupation *Blacksmith.*

10. Father's Birthplace *Princed Georges County Md*

Name of Medical Attendant, or other Person who makes this Return. *Wilmer Darnett M.D.*

Address *25 1/2 Greenmount Ave*

Remarks *Very Premature*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54600

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mch. 26. 1882

4. Place of Birth, (Street and Number) 408 E. Eager St.

5. Full Name of Mother, Amanda C. Hall

6. Mother's Maiden Name, " Gardner

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Chas. C. Hall

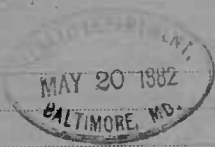
9. Father's Occupation, Car Driver

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Geo. A. Hartman M.D.

Address 230 S. W. Caroline St.

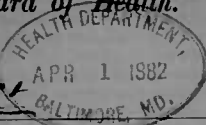
Remarks.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54601

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth March 20th 1882
 4. Place of Birth, (Street and Number) 115 Hill St
 5. Full Name of Mother Louisa Ledley
 6. Mother's Maiden Name Johnson
 7. Mother's Birthplace Virginia
 8. Full Name of Father Jacob Ledley
 9. Father's Occupation R.R. Conductor
 10. Father's Birthplace Balto.
 Name of Medical Attendant, or other Person who makes this Return R. C. Lri
 Address Harmon T. Barr
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54602

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 26th 1882

4. Place of Birth, (Street and Number) No 382 Madison St.

5. Full Name of Mother, Virginia Dyer

6. Mother's Maiden Name, " Coulson

7. Mother's Birthplace, Baltimore Ind.

8. Full Name of Father, Charles Dyer

9. Father's Occupation, Brass Kn. Balto

10. Father's Birthplace, Baltimore Ind.

Name of Medical Attendant, or other Person who makes this Return, Dr. H. K. M. Moulton M.D.

Address, Char 20.5 St. 2nd fl.

Remarks,

RETURN OF A BIRTH 14603

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

March 20 1882
P. Mott, 110 14
Wm. J. Philip
Philip
Balt.

Unemployed

Wm. J. Philip
P. Mott, 110 14

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden names of the mother of such child or children."

RETURN OF A BIRTH

54604

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3
Female

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

March 20/1892

4. Place of Birth, (Street and Number) ..

#175 S Ann Str

5. Full Name of Mother, ..

Pauline Moyer
Schlack

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

Balto
Carl Moyer
Clark

8. Full Name of Father, ..

9. Father's Occupation, ..

Balto

10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this return

Mrs Louise Kraft
#236 Canton Ave

Address, ..

Remarks, ..

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54605

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 20th 1882 20
4. Place of Birth (Street and Number) Charles St. No 301
5. Full Name of Mother Anna Saunders
6. Mother's Maiden Name Anna Benton
7. Mother's Birthplace Baltimore
8. Full Name of Father William Saunders
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Henry E. Anderson
- Address No 10 Boys Street
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54606

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

F.M.

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 20 1932

4. Place of Birth, (Street and Number)

20 W. 11th St.

20

5. Full Name of Mother,

Augusta Walker

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick Walker

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

David Cooper

Address,

12 E. Lombard St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54607

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth March 20th 1882. 20
4. Place of Birth, (Street and Number) # 85 Somerset street
5. Full Name of Mother Cristina Schisler
6. Mother's Maiden Name Cristina Branch
7. Mother's Birthplace Germany
8. Full Name of Father Charles Schisler
9. Father's Occupation Cleaner
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Anna Hillegeist
- Address 182. East Monument st.
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *54608*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *20th of March 1882*

4. Place of Birth, (Street and Number) *87 S. Para*

5. Full Name of Mother, *Ella Schwartz*

6. Mother's Maiden Name, *Ella Kirel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fred. Schwartz*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who
makes this Return

Address, *120 Pearl St*

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 54609

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (~~state whether~~ Male or Female) _____

2. Race or Color (if not of the white race) African

3. Date of Birth Mar 20. 87 20

4. Place of Birth (Street and Number) 3. Biddle St.

5. Full Name of Mother Harriet Sims

6. Mother's Maiden Name _____

7. Mother's Birthplace _____

8. Full Name of Father Mr. Wesley Sims

9. Father's Occupation Steward

10. Father's Birthplace _____

Name of Medical Attendant, or other Person who makes this Return. Herbert Haslam M.D.

Address 246 Madison Ave

Remarks Child healthy.

RETURN OF A BIRTH 54610

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54610

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 March

20

4. Place of Birth, (Street and Number) Greenmount Ave.

5. Full Name of Mother, Augustine Knopf

6. Mother's Maiden Name, Chaderski

7. Mother's Birthplace, Polen

8. Full Name of Father, Edward Knopf

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Josephine Harrod

Address, 20 Brown St.

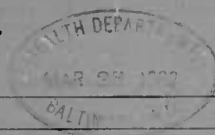
Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth March 20th 1882 20
4. Place of Birth, (Street and Number) # 355 Central Ave
5. Full Name of Mother Josephina Klein
6. Mother's Maiden Name Josephina Grossman
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Klein
9. Father's Occupation Seaborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Alfred J. Hellegood
- Address 162. East Monument st
- Remarks _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 14612

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 6th
1. Sex, (state whether male or female)... Female
2. Race or Color, (if not of the white race)... White American
3. Date of Birth, ... March 20th 1882 20
4. Place of Birth, (Street and Number)... 467 Clay St.
5. Full Name of Mother, ... Elizabeth Colton
6. Mother's Maiden Name, ... Elizabeth Miller
7. Mother's Birthplace, ... Baltimore
8. Full Name of Father, ... John H. Colton
9. Father's Occupation, ... Lamp lighter
10. Father's Birthplace, ... Baltimore
Name of Medical Attendant, or other Person who makes this return. ... T. Chew Worthington M.D.
Address, ... 373 W Fayette St.
Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 20th* *20*

4. Place of Birth, (Street and Number) *Baltimore City No 110 Ridgely St*

5. Full Name of Mother, *Josiah L Wilson*

6. Mother's Maiden Name, *Sarah L Anderson*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Josiah L Wilson*

9. Father's Occupation, *Yarder by Trade*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mrs Mary A Shaffer*

Address, *No 114 Ridgely St Baltimore Mo*

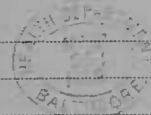
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 20th. 1882 20
 4. Place of Birth, (Street and Number) No. 145. N. Central av.
Gusta Heegenhahn
 5. Full Name of Mother, Gusta Bastian
 6. Mother's Maiden Name, Baltimore
 7. Mother's Birthplace, Geo. H. Heegenhahn
 8. Full Name of Father, Taylor
 9. Father's Occupation, Baltimore
 10. Father's Birthplace, Mrs. M. A. Butt.
 Name of Medical Attendant, or other Person who makes this Return
 Address, No. 185. E. cor. Central av. & Monument St.
 Remarks, All Well



WM. J. D. GILMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 54615

"That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54615

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *colored* *20*
 3. Date of Birth, *march 20th*
 4. Place of Birth, (Street and Number) *no 53 laden hall st*
 5. Full Name of Mother, *hester blunt*
 6. Mother's Maiden Name, *hester Fowler*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *andrew blunt*
 9. Father's Occupation, *labourer*
 10. Father's Birthplace, *north carolinia*
 Name of Medical Attendant, or other Person who makes this Return *Mrs Lydia Porter*
 Address, *no 1 pattee avenue*
 Remarks, *healthy child*

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54616

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 20th of March 1882 20
4. Place of Birth (Street and Number) Balburg St 235
5. Full Name of Mother Lanny White
6. Mother's Maiden Name Lanny White
7. Mother's Birthplace Montgomery County Md
8. Full Name of Father Isary White
9. Father's Occupation Hod Carry
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return Lydia Somerville
Address 12 Clinton avenue
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14617

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 20, 1882

20

4. Place of Birth, (Street and Number) 11 Wolfe St. 19 212.

5. Full Name of Mother, Clara K. Häcker

6. Mother's Maiden Name, Clara K. Blüthendorf

7. Mother's Birthplace, Philadelphia, Pennsylvania U.S.

8. Full Name of Father, Heinrich B. Häcker

9. Father's Occupation, Harness-maker

10. Father's Birthplace, Schwedt, P. Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Häcker

Address, 11 Wolfe St. 19 212.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

174618

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 21st 1882

4. Place of Birth, (Street and Number)

No 3 Fountain st

5. Full Name of Mother,

Anna Sophia McMeal

6. Mother's Maiden Name,

" " Kohl

7. Mother's Birthplace,

City

8. Full Name of Father,

Beverly McMeal
Ship Carpenter

9. Father's Occupation,

City

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz
120 Bank st

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54619

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, March 21, 1882

4. Place of Birth, (Street and Number) W. Durhams St. No. 71

5. Full Name of Mother, Mary Hirschmann

6. Mother's Maiden Name, Hirschmann

7. Mother's Birthplace, Balt.

8. Full Name of Father, Georg Hirschmann

9. Father's Occupation, Lawyer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Wm. John Brownbach

Address, St. Raphael's No. 14

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

54620

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Birth*

1. Sex (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

West

3. Date of Birth

21 March

4. Place of Birth, (Street and Number)

W 3rd Street No 126

5. Full Name of Mother

Mari Ditt

6. Mother's Maiden Name

" " Grau

7. Mother's Birthplace

Neus Bausen

8. Full Name of Father

Wilhelm Ditt

9. Father's Occupation

Sturd

10. Father's Birthplace

Neus bei Dusseldorf Prussia

Name of Medical Attendant, or other Person who makes this Return.

Dart Street No 143.

Address

Remarks

Dr. Brown

RETURN OF A BIRTH

54621

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *14621*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 21st.*

4. Place of Birth, (Street and Number) *935 William St.*

5. Full Name of Mother, *Lizzie Dapp*

6. Mother's Maiden Name, *Snell*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry D. Dapp*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *C. L. Suddenbaker M.D.*
or other person who makes this return

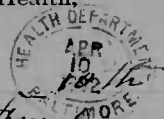
Address, *16 W. Dora St.*

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *54621*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mary 21st Tuesday
Columbia Street No 146

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Hester Blum

6. Mother's Maiden Name,

Hester Blum

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Blanko

9. Father's Occupation,

a Clothing Cutter

10. Father's Birthplace,

Wasserlos in Bavaria

Name of Medical Attendant, or other Person who makes this Return

Mrs Sebach

Address,

Joseph Blanko 146 Columbia av.

Remarks,

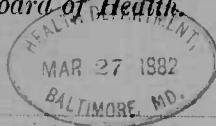
See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54623

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male.

2. Race or Color (if not of the white race) White.

3. Date of Birth Mar. 26th 1882.

4. Place of Birth (Street and Number) Pinewood House Cor. Harrison & Gayth Sts.

5. Full Name of Mother Lilly Kismus.

6. Mother's Maiden Name Lilly Owens.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Henry Kismus.

9. Father's Occupation Tool Grinder.

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. James Brown M.D.

Address 110 N. Eutaw St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54624

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child
- Sex (state whether ~~male~~ or female) _____
 - Race or Color, (if not of the white race) W
 - Date of Birth Mar 21 1887 21
 - Place of Birth, (Street and Number) 185 Preston St
 - Full Name of Mother Edmira Wooden
 - Mother's Maiden Name Asmacost
 - Mother's Birthplace Balto
 - Full Name of Father Wilbur F. Wooden
 - Father's Occupation Engineer
 - Father's Birthplace Balto
 - Name of Medical Attendant, or other Person who makes this Return. J H Patterson M.D.
 - Address 25 Franklin St
 - Remarks _____

RETURN OF A BIRTH 54625

4 or
child,
ence

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54625

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 March

21

4. Place of Birth, (Street and Number) 21 Barnes

5. Full Name of Mother, Franciska Nikel

6. Mother's Maiden Name, Kossid

7. Mother's Birthplace, Paris Bohemia

8. Full Name of Father, Frank Nikel

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josefina Herold

Address, 21 Barnes St

Remarks.

54626

HEALTH DEPARTMENT
MAR 30 1962
BALTIMORE

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 March

4. Place of Birth, (Street and Number) 14 Barnes

5. Full Name of Mother, Anna Delizan

6. Mother's Maiden Name, Edwards

7. Mother's Birthplace, Novato, Alameda

8. Full Name of Father, Joseph C. Lagana

9. Father's Occupation, Domestic

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return *Josefina Rendon*

Address:

Remarks.

WM. J. G. DULANEY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54637

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth march 21 1892 21
4. Place of Birth, (Street and Number) 157 1st St
5. Full Name of Mother Margaret Scott
6. Mother's Maiden Name Margaret Finney
7. Mother's Birthplace Baltimore city
8. Full Name of Father Charles Scott
9. Father's Occupation ice dealer
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. James C. Mearns 153
- Address Colony Ten
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54628

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21st. 1882 21

4. Place of Birth, (Street and Number) No. 337 S.W. cor. Monument & Baltimore St.

5. Full Name of Mother, Lucina Thomas

6. Mother's Maiden Name, Lucina Lang

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Thomas

9. Father's Occupation, Grocery Store

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. M. P. Butt

Address, No. 185 S.E. cor. Central & Monument St.

Remarks, All Well



That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... White
3. Date of Birth, ... March 21, 1902
4. Place of Birth, (Street and Number)... 22 E. Baltimore St.
5. Full Name of Mother, ... Margaret G. G. G.
6. Mother's Maiden Name, ... G. G. G.
7. Mother's Birthplace, ... G. G. G.
8. Full Name of Father, ... G. G. G.
9. Father's Occupation, ... G. G. G.
10. Father's Birthplace, ... G. G. G.
- Name of Medical Attendant, or other Person who makes this return... E. G. G. G.
- Address, ... 10520 Pine St. C.
- Remarks,

21

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54630

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex (state whether male or female) *female*
- Race or Color (if not of the white race) *white*
- Date of Birth *March 22^d 1882*
- Place of Birth (Street and Number) *50. N. Anne St.*
- Full Name of Mother *Emma Estelle Heddinger.*
- Mother's Maiden Name *Emma Estelle Boob.*
- Mother's Birthplace *Baltimore Md.*
- Full Name of Father *Daniel Crea. Heddinger*
- Father's Occupation *Transportation Clerk.*
- Father's Birthplace *Philadelphia Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. C. D. Hume M.D.*
- Address *86. S. Fayette St.*
- Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54632

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First-
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 22. '92
121 W. Wolfe St.
Sarah Sanderson

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Corner

6. Mother's Maiden Name,

Wid

7. Mother's Birthplace,

Robert Sanderson

8. Full Name of Father,

Bricklayer

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Mary A. Munnell

Name of Medical Attendant, or other Person who
makes this Return

Address, 281 W. Long St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54633

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

white

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 24/82

4. Place of Birth, (Street and Number)

557 Eastern Ave. Highlandtown

5. Full Name of Mother,

Ely Gronau Buchthausen

6. Mother's Maiden Name,

Elizabeth Gronau.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Buchthausen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return

Mrs Mary E. Simms

Address

171 Washington St.

Remarks



That any Physician, accoucheur, midwife, or other person, in calling upon either parent, or upon the mother, to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54634

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 22nd 1882

4. Place of Birth, (Street and Number)

239 W. Pratt

5. Full Name of Mother,

Esther Ch. Ahrens

6. Mother's Maiden Name,

O. Ch. Kothe

7. Mother's Birthplace,

Balds end

8. Full Name of Father,

Julius Ahrens

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

A. M. Salzer

Address,

163 W. Lombard St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54635

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 22nd 1882
4. Place of Birth, (Street and Number) N 65 E, Baltimore B
5. Full Name of Mother, Carmen Garcia Ferrer Ransberg
6. Mother's Maiden Name, Carmen Garcia Ferrer
7. Mother's Birthplace, Spain
8. Full Name of Father, Henry Ransberg
9. Father's Occupation, merchant. (Packaging)
10. Father's Birthplace, Norway
Name of Medical Attendant, or other Person who makes this Return Henry Salzer
Address, 167 W Lombard St
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. *54686*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

March 22/92

4. Place of Birth (Street and Number)

335 Sharp St

5. Full Name of Mother

Anna Carr

6. Mother's Maiden Name

" Hurley

7. Mother's Birthplace

Cambridge Mass

8. Full Name of Father

Wm Carr

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Charlotte A Lewis

Address

162 Huron St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 22nd 1882

4. Place of Birth, (Street and Number)

272 Lee St.

5. Full Name of Mother,

Lizzie Günter

6. Mother's Maiden Name,

" Guenter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Johann Günter

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

W. S. Dudenbaker M.D.

Address,

166 J. J. St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar addressed, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54638

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *22 day of March 22*
 4. Place of Birth, (Street and Number) *Little Nalley Street No 16*
 5. Full Name of Mother, *Mary Doneley*
 6. Mother's Maiden Name, *Mary Skelter*
 7. Mother's Birthplace, *Ireland*
 8. Full Name of Father, *Daniel Doneley*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, *Elisheth Doneley* *M.D.*
 Address, *Little Nalley Street No 18*
 Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54639

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored 22

3. Date of Birth,

March 22d.

4. Place of Birth, (Street and Number)

No 4 Hill & Street

5. Full Name of Mother,

Elean Adeline Planter

6. Mother's Maiden Name,

Elean Adeline Clifford

7. Mother's Birthplace,

Annapolis County Md

8. Full Name of Father,

Stephen A Planter

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other person who makes this return

Ludwig Cornish

Address,

No. 25 Gordon Alley

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54649

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
girl
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 22 - 1881

22

4. Place of Birth, (Street and Number)

Alice Lane No. 700

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54641

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 fourth
girl
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 22/82

22

4. Place of Birth, (Street and Number)

Alice Ann St. nr McJest.

5. Full Name of Mother,

M. V. McElroe, Baltimore

6. Mother's Maiden Name,

M. B. McElroe

7. Mother's Birthplace,

Balto

8. Full Name of Father,

L. H. Jacobson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Persons who make this return

Mrs. Mary E. Lewis

Address,

171 S. Washington St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child/ren born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54642

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 22nd 1892* 22
 4. Place of Birth, (Street and Number) *231 Forest St*
 5. Full Name of Mother, *Ida C. Owens*
 6. Mother's Maiden Name, *Haller*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Francis C. Owens*
 9. Father's Occupation, *Care Capper*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Silas H. Hunter M.D.*
 Address, *36 Greenmount Ave*
 Remarks,



"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *54643*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

Female

White

March 22nd 1882

22

No 177 Patterson Park Avenue

Mrs Sedoxia Jones

Mrs Sedoxia Webster

Dorchester County

Oliver Jones

Captain of Oyster Boat

Dorchester County

Mrs Rachel A. Carroll

No 65 Burke St.



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54644

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, March 22 1882 22
 4. Place of Birth, (Street and Number) No 7 Heath St
 5. Full Name of Mother, Annie Struggle
 6. Mother's Maiden Name, Annie Struggle
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Martin Struggle
 9. Father's Occupation, Miller
 10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return E. Hinton
- Address, No 666 S. Charles St
- Remarks,

For record of vital statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

54645

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 22nd 1882

22

4. Place of Birth (Street and Number)

Division St No 369

5. Full Name of Mother

Hannah Albert

6. Mother's Maiden Name

Hannah Harrison

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Henry C. Albert

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who make this Return.

L. S. Spanow M.D.

Address

427 St. Stricker St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54646

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) ..

Male

2. Race or Color, (if not of the white race) ..

Colored

3. Date of Birth,

March 24 1882

22

4. Place of Birth, (Street and Number)

Superst. 1017

5. Full Name of Mother,

Leamer Jones

6. Mother's Maiden Name,

Leamer Pratt

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

William Pratt

9. Father's Occupation,

labor

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Jones and Wife

Address,

10 Culton st

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 5/16/47

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth March 29 1882

4. Place of Birth, (Street and Number) German American Hospital 39

5. Full Name of Mother Marian Wilson

6. Mother's Maiden Name Wilson

7. Mother's Birthplace Sweden

8. Full Name of Father Augustine Wilson

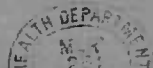
9. Father's Occupation Farmer

10. Father's Birthplace Pine Bluff, Arkansas

Name of Medical Attendant, or other Person who makes this return. John H. Wilson

Address 950 North Spring St

Remarks



Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54648

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 22^d '82

22

4. Place of Birth, (Street and Number)

33 Martin's Alley

5. Full Name of Mother,

Annie Newood

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Canada

8. Full Name of Father,

John Oscar Montell

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

J. Boston Brown

Address,

365 N. Charles St.

Remarks,

RETURN OF A BIRTH 54649

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



shall any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes the Return

Address

Remarks

White
March 30/02 22
40 S. Schenck
Maggie Echle
" May
" Ireland
Adam Echle
Salesman
Cumberland Md
A. J. Schenck
387 W. Lombard St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54650

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex (state whether Male or Female)

Male Child

2. Race or Color (if not of the white race)

Collard Child

3. Date of Birth

March 22nd 1892 22

4. Place of Birth (Street and Number)

No 277 N. Ewatt St.

5. Full Name of Mother

Mrs Lucy Willis

6. Mother's Maiden Name

Miss Lucy Murray

7. Mother's Birthplace

Opertown Md.

8. Full Name of Father

John J. Willis

9. Father's Occupation

Cook

10. Father's Birthplace

Fredricksburg Va

Name of Medical Attendant, or other Person who makes this Return.

Sarah L. L. L.

Address

No 9 Cass St Baltimore

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54651

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 22nd 1882*

4. Place of Birth, (Street and Number) *No. 161 S. Broadway*

5. Full Name of Mother, *Emilia Fritz*

6. Mother's Maiden Name, *Williams*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Wm. Fritz*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *or other person who makes this Return* *Mrs. Getzner*

Address, *No. 53 S. Bond St.*

Remarks,

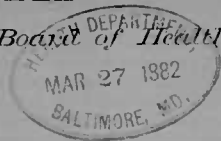
22

That any Physician, Accoucher, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54652

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) German-Latvian

3. Date of Birth, March 22nd

4. Place of Birth, (Street and Number) 103 Iceland Street

5. Full Name of Mother, Mariah Ringold

6. Mother's Maiden Name, Sarah Varney

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Isaac Ringold

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Sarah Hally

Address, 1022 Macmillan Street

Remarks,

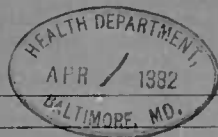
22

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54653

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth March 23rd 1882

4. Place of Birth, (Street and Number) No 68 Short Street

5. Full Name of Mother Jennette Willmore

6. Mother's Maiden Name Jennett Riley

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Willmore

9. Father's Occupation Cysta Trucke

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Annie Barnes

Address No 9 Union Alley near Eden Street

Remarks

RETURN OF A BIRTH 54654

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23

4. Place of Birth, (Street and Number) 93 N. Calverly

5. Full Name of Mother, Adeline Bishop

6. Mother's Maiden Name, Adeline Hochadel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. C. Bishop

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walker

Address, 125 N. Caroline

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

54655

HEALTH DEPARTMENT
APR 3 4
1902
BALTIMORE

Annual Record of Vital Statistics in the City of Baltimore.

- Remarks,

Part of Wm
1. Sec 2 of R. A.

I am any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth, ...

March 23rd 1882

4. Place of Birth, (Street and Number)

334 Asquith St

5. Full Name of Mother,

Sizzie Sherman

6. Mother's Maiden Name,

Sizzie Hudson

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm J Sherman

9. Father's Occupation,

clerk

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Saml Powell M.D.

Address,

29 Asquith St.

Remarks,

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54657

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth

23 March

4. Place of Birth, (Street and Number)

Bank Street No 173

5. Full Name of Mother

Ellen Woodley

6. Mother's Maiden Name

" " Kennedy

7. Mother's Birthplace

County Clare Ireland

8. Full Name of Father

James Woodley

9. Father's Occupation

10. Father's Birthplace

County Clare Ireland

Name of Medical Attendant, or other Person who makes this Return.

Bank Street No 173

Address

Remarks

Dr. M. J. M. J. M. J.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54658

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name, Herbert E.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 23rd. of 20th M. 1882

4. Place of Birth (Street and Number) 337 Bond St.

5. Full Name of Mother Clara Ellen Jones

6. Mother's Maiden Name Clara Ellen McHenry

7. Mother's Birthplace Maryland

8. Full Name of Father James Allen Jones

9. Father's Occupation Musician

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E. Donnell M.D.

Address 97 E. Baltimore Street

Remarks



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 54659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether male or female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth March 2nd. 1⁴⁰ & M. 1882
 4. Place of Birth (Street and Number) 479 Eastern Avenue
 5. Full Name of Mother Sophia Matilda Sengels
 6. Mother's Maiden Name M. Sudder
 7. Mother's Birthplace Baltimore City
 8. Full Name of Father Robert Harrison Sengels
 9. Father's Occupation Teacher
 10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return James E. Driville M.D.
- Address 299 E. Baltimore St.
- Remarks

RETURN OF A BIRTH, 54660

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 Sex (state whether male or female) female
 Race or Color, (if not of the white race) white race
 Date of Birth March 16 - 23 1882
 Place of Birth, (Street and Number) Baltimore St. West Charles and Howard
 Full Name of Mother Hannah Dixon
 Mother's Maiden Name Hannah Brink
 Mother's Birthplace Tuescher Town pa
 Full Name of Father George Dixon
 Father's Occupation laborer
 Father's Birthplace Eastern Md
 Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hathorn
 Address William St. No 348
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54661

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *March 23d 1892* *25*
4. Place of Birth (Street and Number) *196 Mine st*
5. Full Name of Mother
6. Mother's Maiden Name *Emma McGill*
7. Mother's Birthplace *Leopold Co Va*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Chas H Mann*
- Address *258 Baking st*
- Remarks *none*

54662

HEALTH DEPARTMENT
MAR 28 1882
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- | | |
|---|-----------------------------|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Fourth |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | Colored |
| 3. Date of Birth | 23 of March 1893 |
| 4. Place of Birth (Street and Number) | 212 Dover Street |
| 5. Full Name of Mother | Lottie Smith Procter |
| 6. Mother's Maiden Name | Lottie Smith |
| 7. Mother's Birthplace | Eastern Shore Virginia |
| 8. Full Name of Father | William Procter |
| 9. Father's Occupation | Funer agent |
| 10. Father's Birthplace | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | Mary Jane Richardson |
| Address | 212 Dover Street |
| Remarks | Mother and child doing well |

RETURN OF A

RETURN OF A BIRTH, 84663

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
 2. Sex (state whether male or female) female
 3. Race, or Color, (if not of the white race) white race
 4. Date of Birth March the 29th 73
 5. Place of Birth, (Street and Number) Baltimore Battery at No 235
 6. Full Name of Mother Margaret Kelly
 7. Mother's Maiden Name Margaret Gardly
 8. Mother's Birthplace Ireland
 9. Full Name of Father William Kelly
 10. Father's Occupation laborer
 11. Father's Birthplace Ireland
 12. Name of Medical Attendant, or other Person who makes this Return. Elizabeth Kathan
 Address William St No 244
 Remarks

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54664

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 23 - 1882

4. Place of Birth, (Street and Number)

No 84 Leadenhall St

5. Full Name of Mother,

Mary Müller
Kittmiller

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Müller

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

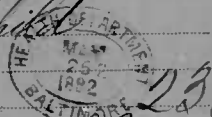
Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife
330 Hanover St

Address.

Remarks.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54665

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female) ...

Male

2. Race or Color, (if not of the white race) ...

Caucasian Race

3. Date of Birth, ...

March 23, 1882

4. Place of Birth, (Street and Number) ...

135 N. Chapel St

5. Full Name of Mother, ...

Harriet Thomas

6. Mother's Maiden Name, ...

Harriet Giden

7. Mother's Birthplace, ...

Eastern Shore

8. Full Name of Father, ...

Henry Thomas

9. Father's Occupation, ...

Sailor

10. Father's Birthplace, ...

Eastern Shore

Name of Medical Attendant, or other Person who make this Return

Lucinda Woolford

Address, ...

131 N. Register St

Remarks, ...



23.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54666

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

March 23rd '82

23

4. Place of Birth (Street and Number)

3 Russell St.

5. Full Name of Mother

Alice M. Crookard

6. Mother's Maiden Name

Alice M. Brian

7. Mother's Birthplace

Maryland

8. Full Name of Father

Wm. J. Crookard

9. Father's Occupation

Catmer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. J. Smith M.D.

Address

221 Barre St.

Remarks

54667

HEALTH DEPARTMENT
MAR 25 1982
BALTIMORE

8th
Female

8th Child
male

- 8th
Female

- 8th
Female

- 8th
Female

- 8th
Female

- 8th
Female

- 8th
Female

- 8th
Female

- 8th
Female

- 8th
Female

- 8th
Female

8th
Female

8th
Female

8th
Female

Wm J. O. DULANEY & SONS, CITY ENGINEERS AND STATIONERS

54668

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of said city, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54668

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 23rd 1882, 28

4. Place of Birth, (Street and Number)

10175 Burgundy Alley

5. Full Name of Mother,

Henrietta Kramer

6. Mother's Maiden Name,

Scharrenberg

7. Mother's Birthplace,

America

8. Full Name of Father,

George Kramer

9. Father's Occupation,

Turner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return

J. Lehmann, M.D. midwife

Address,

330 Homewood

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- 54669
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *23rd March 23*
4. Place of Birth (Street and Number) *81 Duncan Alley*
5. Full Name of Mother *Margaretta Drosault*
6. Mother's Maiden Name *Leblanc*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Benjamin Drosault*
9. Father's Occupation *Jack Dealer*
10. Father's Birthplace *Baltimore Co.*
- Name of Medical Attendant, or other Person who makes this Return. *City Bookman*
- Address *25 East St.*
- Remarks

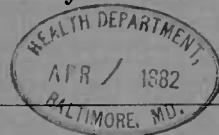
Records of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54670

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

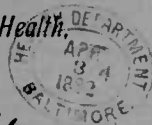


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 1. Sex (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth Mar. 24 1882
 4. Place of Birth, (Street and Number) 15 Jefferson St.
 5. Full Name of Mother Sarah Ball
 6. Mother's Maiden Name Sapphimer
 7. Mother's Birthplace Balto. City Md.
 8. Full Name of Father May Ball
 9. Father's Occupation Merchant
 10. Father's Birthplace Berlin Prussia
 Name of Medical Attendant, or other Person who makes this Return. W. Christian M.D.
 Address 431 Center St.
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 54671

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *24 day of March 1882*
4. Place of Birth (Street and Number) *No. 129 S. Patterson Park Av.*
5. Full Name of Mother *Hirsti Veblen*
6. Mother's Maiden Name *Hougen*
7. Mother's Birthplace *Norway (in Europe)*
8. Full Name of Father *Andrew Anderson Veblen*
9. Father's Occupation *Student*
10. Father's Birthplace *Wisconsin*
Name of Medical Attendant, or other Person who makes this Return. *And. Veblen*
Address *No. 129 S. Patterson Park Av.*
Remarks *Healthy child Agnes Marie Anne Veblen*

any physician, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 24. '82

4. Place of Birth, (Street and Number)

302 Calver St.

5. Full Name of Mother,

Ella P. Kitzel

6. Mother's Maiden Name,

Living

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Isaac P. Kitzel

9. Father's Occupation,

Business Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Henry A. Munnell

Address, 256 N. Lombard St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54673

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)
1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 24th 1882
4. Place of Birth (Street and Number) 16 E. Cor Hampstead & Caroline St.
5. Full Name of Mother Lucy Jordan
6. Mother's Maiden Name Abbott
7. Mother's Birthplace Baltimore
8. Full Name of Father George Jordan
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. A. E. Frohman M.D.
Address 241 E. Baltimore St.
Remarks

GIVEN NAME ADDED 7-27-49

RETURN OF A BIRTH 54674

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.
Carl Otto Fischer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

24th March 1882

4. Place of Birth, (Street and Number)

No. 8 Clarkson street

5. Full Name of Mother,

Mary Fischer

6. Mother's Maiden Name,

Mary Andre

7. Mother's Birthplace,

Basel Germany

8. Full Name of Father,

William G. Fischer

9. Father's Occupation,

Glass Packer

10. Father's Birthplace,

Hamburg Germany

Name of Medical Attendant, or other Person who makes this Return

Prof. Mumf

Address,

1 Lexington St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54675

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24 1882
4. Place of Birth, (Street and Number) Ch 15 Cuba St
5. Full Name of Mother, Annice Kennedy
6. Mother's Maiden Name, Annice Croghan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Edward Kennedy
9. Father's Occupation, Laber
10. Father's Birthplace, Ireland
- Name of Medical Attendant, ^{or other Person who makes this Return} Maggie Etzel
- Address, Ch 13 Cuba St
- Remarks.

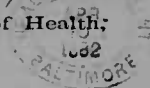
CORRE RECORDS OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54676

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24, 1882
4. Place of Birth, (Street and Number) Jefferson St 227
5. Full Name of Mother, Charlotte C Brady
6. Mother's Maiden Name, " Diens
7. Mother's Birthplace, Howard Co, Md.
8. Full Name of Father, Wm Brady
9. Father's Occupation, Clerk
10. Father's Birthplace, Balti City
- Name of Medical Attendant, or other Person who makes this Return, Wm White M.D.
- Address, 347 N Broadway
- Remarks, _____

Wm. & C. DULANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 54677

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54677

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *24th of March*
4. Place of Birth, (Street and Number) *602 Poppleton St.*
5. Full Name of Mother, *Margaret Keacock*
6. Mother's Maiden Name, *Waters*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Keacock*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Print my pay card, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54679

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 24th 1889*
4. Place of Birth, (Street and Number) *No. 117 Washington St.*
5. Full Name of Mother, *Lizzie Kruter*
6. Mother's Maiden Name, *Rolshch*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *Philip Kruter*
9. Father's Occupation, *Bookkeeper*
10. Father's Birthplace, *Baltimore Baltimore*
- Name of Medical Attendant, or other Person who takes this Return *W. A. Butts*
- Address, *No 185 E. 6th cor. Central av. & Monument St*
- Remarks, *Age 4, 11*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

36C RETURN OF A BIRTH 5468

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24th March 1882*
4. Place of Birth, (Street and Number) *66 Bow St*
5. Full Name of Mother, *At the Winslors*
6. Mother's Maiden Name, *Phillips*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John - Winslors*
9. Father's Occupation, *Salver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. C. C.*
- Address, *No 13 Patterson Park*
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54681

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 March 211

4. Place of Birth, (Street and Number) Monument near Brodford. Md.

5. Full Name of Mother, Josephine Scott

6. Mother's Maiden Name, Petrík

7. Mother's Birthplace, Honowitz Bohemia

8. Full Name of Father, Joseph Scott

9. Father's Occupation, Booker

10. Father's Birthplace, Rodnic Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephine Herrod

Address, 20 Barnes St

Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54682

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



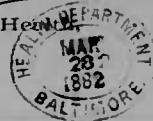
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 1882 Friday March 24th 1882
4. Place of Birth, (Street and Number) 96 Rayson Street
5. Full Name of Mother Mrs. Esther Thorne
6. Mother's Maiden Name Esther Thorne
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Henry Thorne
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore, Maryland
- Name of Medical Attendant, or other person who makes this Return. Mrs. Catherine J. Hall
- Address 37 N. Calver St. Balto Md
- Remarks _____

4110

1. Every physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54683

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th
4. Place of Birth, (Street and Number) No 12 E Bull st
5. Full Name of Mother, Mrs Kate Lowenstein
6. Mother's Maiden Name, Taylor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Phillip Lowenstein
9. Father's Occupation, Coal Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, No 55 S. Second st

Remarks,

24

or
child,
res
ance

For any professional, accountant, minister, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54684

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24th 1892
4. Place of Birth, (Street and Number) No 130 N. B. Calhoun St
5. Full Name of Mother, Annie Woods
6. Mother's Maiden Name, Krushbaum
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Woods
9. Father's Occupation, Baker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Galyke
- Address, No 130 N. B. Calhoun St
- Remarks,

24

RETURN OF A BIRTH 54685

or
child,
res
ance

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54685

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March 24 1882
 4. Place of Birth, (Street and Number) 48 Calington St
 5. Full Name of Mother, Josephine Harrison
 6. Mother's Maiden Name, Drinkle
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Joseph Harrison
 9. Father's Occupation, Mariner
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who make this Return Miss C. Leary
 Address, 193 Chester St
 Remarks,

54686

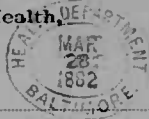
"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54686

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 24 March

24

4. Place of Birth, (Street and Number) 51 East street

5. Full Name of Mother, Sophia Lorton

6. Mother's Maiden Name, Janders

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lorton

9. Father's Occupation, Waiter in Hotel

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return

Address, 43 Holland St.

Remarks, Balt.

Wm. J. G. DULANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

54687

advise
days
physician
children

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54687

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 25th 1882
4. Place of Birth, (Street and Number) 397 William St.
5. Full Name of Mother Ida V. Bender
6. Mother's Maiden Name Roberts
7. Mother's Birthplace Balt. City
8. Full Name of Father Philip Franklin Buchanan Bender
9. Father's Occupation Rail Reader
10. Father's Birthplace Va
- Name of Medical Attendant, or other Person who makes this Return. H. C. Lir
- Address Hannum & Barr Sts
- Remarks

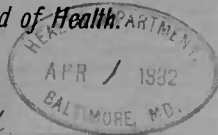
See Record of Birth Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54688

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Saturday, March 25, 1882*
4. Place of Birth (Street and Number) *94 Camden Street, Baltimore, Md.*
5. Full Name of Mother *Rachel Lemas*
6. Mother's Maiden Name *Rachel Gilman*
7. Mother's Birthplace *London, England*
8. Full Name of Father *Le Hitter Lemas.*
9. Father's Occupation *Stenographer & Professor of Languages.*
10. Father's Birthplace *London, England*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Pierson*
Address *51 Dover Street Baltimore*
Remarks *The child was born in a healthy condition and with the exception of a slight cold which it has since contracted it continued to thrive.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54689

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *March 25th '92*
4. Place of Birth (Street and Number) *S. E. Cor. Caroline & Baker Sts.*
5. Full Name of Mother *Elizabeth Barker*
6. Mother's Maiden Name *Elizabeth Myatt*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Dr. Barker*
9. Father's Occupation *Pharmacist*
10. Father's Birthplace *Wilmington, Va.*
Name of Medical Attendant, or other Person who makes this Return. *John H. Monahan, M.D.*
Address *S. W. Cor. Calvert & Read Sts.*
Remarks

Copy record of vital statistics in the City of Baltimore.

"That any physician, accouchant, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54690

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 25 March

4. Place of Birth, (Street and Number) Harvard St. No. 27

5. Full Name of Mother, Mrs. M. Soden

6. Mother's Maiden Name, Travers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wesley Soden

9. Father's Occupation, Master Shipyard

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return A. Wilson

Address, Warner St 194

Remarks,

Office of the Registrar of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54691

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth, 25 March

4. Place of Birth, (Street and Number) McQuender St 20

5. Full Name of Mother, Margaret Holmes

6. Mother's Maiden Name, Holmes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Holmes

9. Father's Occupation, game warden

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return A. Wilson

Address, Warner St 174

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *54692*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 20. 25. 1882*

4. Place of Birth, (Street and Number) *252 77. Bond St.*

5. Full Name of Mother, *Rebecca J. Sumner*

6. Mother's Maiden Name, *" " Wall*

7. Mother's Birthplace, *Bath. Ind.*

8. Full Name of Father, *Chas. Edw. Sumner*

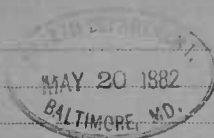
9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Lancaster, Penn^a*

Name of Medical Attendant, or other Person who makes this Return *Geo. A. Martineau M.D.*

Address *2305 52. Caroline St.*

Remarks.



RETURN OF A BIRTH *54693*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Coloured*

3. Date of Birth, *Mar 9 25 **

4. Place of Birth, (Street and Number) *133 N Dallas St*

5. Full Name of Mother, *Annice E Marshall*

6. Mother's Maiden Name, *Annice E Robinson*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Harney J Marshall*

9. Father's Occupation, *Knock St Balto*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *Mary Walter*

Address, *125 North Caroline*

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th 5th

Male

White

March the 25th

Lee st. No 164

Lenna Jones

Lenna Schnappinger

Baltimore City

Henry Louis Jones

Conservator Artist

Hanover Germany

Dr. C. Weirich

1. Larrainville St

advise
six days
physical
maiden

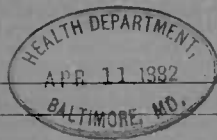
RETURN OF A BIRTH

54695

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54695

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 25th 1892.
4. Place of Birth, (Street and Number) #435 East Monument, st.
5. Full Name of Mother Annie Hall.
6. Mother's Maiden Name Annie Keelin
7. Mother's Birthplace Ireland.
8. Full Name of Father Jesse K. Hall.
9. Father's Occupation Rope maker.
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Lena Hillegers
- Address 182. E Monument st.
- Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54696

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Birth
1. Sex (state whether male or female) Boi
2. Race or Color, (if not of the white race) Witt
3. Date of Birth 25 March
4. Place of Birth, (Street and Number) Littel geft street No 15
5. Full Name of Mother Sahana Kienweth
6. Mother's Maiden Name Bremann
7. Mother's Birthplace Dillenburg Nassau
8. Full Name of Father Ludwig Kienweth
9. Father's Occupation Magdeburg Prussia
10. Father's Birthplace Polstern
- Name of Medical Attendant, or other Person who makes this Return. Bank Street No 173
- Address _____
- Remarks Mrs. Maurer

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *54697*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 25 1882*

4. Place of Birth, (Street and Number) *N 124 Druid Hill Ave*

5. Full Name of Mother, *Mary E McKenna*

6. Mother's Maiden Name, *Mary E Kerwin*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas McKenna*

9. Father's Occupation, *Crozier*

10. Father's Birthplace, *Cy Monaghan Ireland*

Name of Medical Attendant, or other Person who makes this Return

Address, *N 114 Park Ave*

Remarks,

J. H. Peters M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

546.98

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

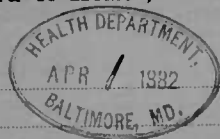


5th
Female
White
Mar 25 1892
873 W. Lombard St.
Emily Van Horn
Emily Van Horn
Prussia
Not Known, A. A. A. A.
Grain Shipper
Mary Ann
George Hawley
347 W. 11th St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 14699

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, its full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *124700*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 25 1882

4. Place of Birth, (Street and Number)

*# 63 Canton St
Susie Heimbruch*

5. Full Name of Mother,

Wechter

6. Mother's Maiden Name,

Batts

7. Mother's Birthplace,

George Heimbruch

8. Full Name of Father,

Laborer

9. Father's Occupation,

Germany

10. Father's Birthplace,

*Mrs Louise Krapp
23 6 Canton Ave*

Name of Medical Attendant, or other person who makes this return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

March 23, 1882

127 Wainford Ave

Mattie E. Brown

Stewart

Balto.

John A. Brown

Stone Cutter

Balto

W. H. White M.D.

347 Broadway

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54702

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 25, 1882
4. Place of Birth, (Street and Number) 122 Preston st.
5. Full Name of Mother, Sarah A Kraft
6. Mother's Maiden Name, " " morse
7. Mother's Birthplace, md
8. Full Name of Father, F Milton Kraft
9. Father's Occupation, constable
10. Father's Birthplace, md
- Name of Medical Attendant, or other Person who makes this Return G Lane Taneyhill
- Address, 129 W. Biddle
- Remarks, cedious; malnourished; chloroform

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54703

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) W. hill
3. Date of Birth March 23rd 1882 25.
4. Place of Birth (Street and Number) 8 Henrietta St
5. Full Name of Mother Jenny Lightner Hooper
6. Mother's Maiden Name Jenny Lightner
7. Mother's Birthplace Baltimore
8. Full Name of Father Jos. Hooper
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mary R. Caskey
Address 34th Hamburg St
Remarks Living Well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, casting distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 124704

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 25th 1889 25.

4. Place of Birth, (Street and Number)

362 Alexander St

5. Full Name of Mother

Mary Garcia

6. Mother's Maiden Name

Mary Love

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Antonio Garcia

9. Father's Occupation

Labrory

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Mary A. Juhl

Address

101 Lancaster St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *54705*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 25th 1882

25

4. Place of Birth, (Street and Number)

130 N. Calhoun St

5. Full Name of Mother,

Jennie Ellen Dougherty

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr Edward Dougherty

9. Father's Occupation,

Tolson

10. Father's Birthplace,

Ira
Edgar Cedrice M.D.

Name of Medical Attendant, or other Person who makes this Return.

26 Madison Ave

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54706

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *7th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *25th March 1882*
 4. Place of Birth (Street and Number) *Church St no 80 Baltimore*
 5. Full Name of Mother *Eliza Fraiser*
 6. Mother's Maiden Name *Eliza Ross*
 7. Mother's Birthplace *Caroline Co*
 8. Full Name of Father *Edward Fraiser*
 9. Father's Occupation *Labour*
 10. Father's Birthplace *Eastern shore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Francis Granby*
- Address
- Remarks

RETURN OF A BIRTH 54707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ~

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 25 1882 25.

4. Place of Birth, (Street and Number) No 694 South Charles St

5. Full Name of Mother, Mary Ball

6. Mother's Maiden Name, Mary Benson

7. Mother's Birthplace, Balt city, md

8. Full Name of Father, John Ball

9. Father's Occupation, Labourer

10. Father's Birthplace, Balt city, md

Name of Medical Attendant, or other Person who makes this Return Elizabeth Skintone

Address, No 666 S Charles St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

HEALTH DEPARTMENT
547-08
APR 1 1882

To the Office of Registrar of Vital Statistics, Board of Health.

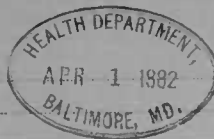
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Mar 26th 1882
4. Place of Birth, (Street and Number) 125 Battery Ave
5. Full Name of Mother Laura J. Full
6. Mother's Maiden Name Barnett
7. Mother's Birthplace Md
8. Full Name of Father Geo Full
9. Father's Occupation Mariner
10. Father's Birthplace Md
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Harmon Barnett
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *54709*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female).....

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

March 23 1882

4. Place of Birth, (Street and Number)

Carroll St 2101

5. Full Name of Mother,

Kate Green

6. Mother's Maiden Name,

Marie Virginia

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

*Dr. Hollister, Proctor and Wife
Carrollton St 110 10*

Address,

Remarks,

I, the undersigned, seconded, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- 54710*
apl 7/82
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 24*
4. Place of Birth, (Street and Number) *55 Wall St.*
5. Full Name of Mother, *Esther J. Gindler*
6. Mother's Maiden Name, *Schulzger*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles Gustav*
9. Father's Occupation, *Restaurant*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Joseph Gindler*
- Address, *22 E. Greenback St.*
- Remarks,

54711

BALTIMORE CITY.

64

Remarks.

Lossen

St. Paul, Minn. 11/14

advice as to the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14712

To the Office of Registrar of Vital Statistics, Board of Health, .

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 26 - 1902

4. Place of Birth, (Street and Number)

46 W. BALDWIN ST

5. Full Name of Mother,

Fannie James

6. Mother's Maiden Name,

Fannie Ransom

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

M. R. James

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. W. H. Harrison

Address,

1211 W. BALTIMORE ST

Remarks,

I and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54713

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, march 26
4. Place of Birth, (Street and Number) no 8 ohio avenue
5. Full Name of Mother, georganna williams
6. Mother's Maiden Name, georganna reele
7. Mother's Birthplace, calvert county md
8. Full Name of Father, henry williams
9. Father's Occupation, labour
10. Father's Birthplace, wilmingtun del
Name of Medical Attendant, or other Person who, mrs Lydia Porter
make this Return
Address, no 4 patpco avenue
Remarks, healthy child

RETURN OF A BIRTH

54714

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 26 1892

4. Place of Birth, (Street and Number)

3rd Street Canton

5. Full Name of Mother,

Kath. Lapsen

6. Mother's Maiden Name,

Mohr

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Lapsen

9. Father's Occupation,

Wholesale

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kooff

Address,

206 Canton St

Remarks,

Person who gives birth, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-term or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mother of 4 Children

1. Sex, (state whether male or female)...

Female Child

2. Race or Color, (if not of the white race)

Colored Child

3. Date of Birth,...

March 26 1892

4. Place of Birth, (Street and Number)

West Street No 189

5. Full Name of Mother,

Mary Brown

6. Mother's Maiden Name,

Mary Gray

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

George Brown

9. Father's Occupation,

Laborer on the Wharf

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Chancy Logan

Address,

Remarks,

Very Good Condition

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54716

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

March 26th 1882

4. Place of Birth (Street and Number)

Stockton Alley No 7

5. Full Name of Mother

Rebecca L. Winters.

6. Mother's Maiden Name

Rebecca L. Moore

7. Mother's Birthplace

Baltimore City, Md

8. Full Name of Father

Thomas H. Winters.

9. Father's Occupation

Sailor

10. Father's Birthplace

Santa Cruz, W. I.

Name of Medical Attendant, or other Person who makes this Return.

Martha L. Moore Midwife

Address

No 7 Stockton Alley

Remarks

All doing well

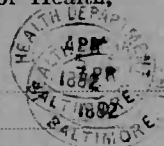
7

1. Give my name, occupation, the wife of other person in charge, who shall, before, advise at the birth of any child, within the City of Baltimore, shall report to the registrar at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54717

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 26th 1882

4. Place of Birth, (Street and Number)

Baltimore Pratt. St. No. 730

5. Full Name of Mother,

Louise Lusby

6. Mother's Maiden Name,

Hallow

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Lusby

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 28 Parkin St.

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,



To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) March 26 1882 9 days Mother 32 years
1. Sex (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth March 26 1882
4. Place of Birth, (Street and Number) Baltimore Md No 10 Mechanic Court
5. Full Name of Mother Mrs Jane Perkins
6. Mother's Maiden Name Miss Ida Clark
7. Mother's Birthplace Keokuk Iowa
8. Full Name of Father Charles M. Perkins
9. Father's Occupation Porter - 2nd Street
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sophia Kings
- Address 136 Chestnut St
- Remarks

Not to be filled out by the Registrar or other person in charge, who will return it to the Registrar of the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

54719

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sunday March 26th 1882

4. Place of Birth, (Street and Number)

46 Greenmont Ave

5. Full Name of Mother,

Amelia Suloff

6. Mother's Maiden Name,

Amelia Roskamp

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Suloff

9. Father's Occupation,

Iron Finisher

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Wilmer Brantow MD

Address,

25 1/2 Greenmont Ave

Remarks,

Verte P



to be filled out by the mother or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54720

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 26, 1882

4. Place of Birth, (Street and Number)

132 N. Broadway

5. Full Name of Mother,

Mary Joannette Horner
Mitchell

6. Mother's Maiden Name,

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Joshua Horner Jr.

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

New York, N.Y.

Name of Medical Attendant, or other Person who makes this Return

A. A. Newton M.D.

Address,

2305 N. Caroline St.

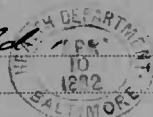
Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54721

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) _____
3. Date of Birth, March 26th 1882.
4. Place of Birth, (Street and Number) 164th Hughes St.
5. Full Name of Mother, Laura C. Saunders.
6. Mother's Maiden Name, " " Smith.
7. Mother's Birthplace, Harford, Co. Md.
8. Full Name of Father, Joseph W. Saunders.
9. Father's Occupation, Mariner.
10. Father's Birthplace, Balt. City.
Name of Medical Attendant, or other Person who makes this Return R. J. N. Wall, M.D.
Address 152nd Sharp St.
Remarks _____



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54722

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One 6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian Race

3. Date of Birth,

March 26 1882

4. Place of Birth, (Street and Number)

17 Durham St

5. Full Name of Mother,

Fanny Davis

6. Mother's Maiden Name,

Fanny Mantley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Davis

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

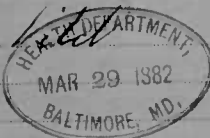
Name of Medical Attendant, or other Person who makes this Return

Lucinda Woodford

Address,

130 Register St

Remarks,



20

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

March 26. 1892

26

4. Place of Birth (Street and Number)

6 Boltemal

5. Full Name of Mother

Sarah Ann Green

6. Mother's Maiden Name

" "

7. Mother's Birthplace

city

8. Full Name of Father

—

9. Father's Occupation

—

10. Father's Birthplace

—

Name of Medical Attendant, or other Person who makes this Return.

A. J. J. J. J.

Address

386 Men Hill Ave

Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54724

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 26

26

4. Place of Birth, (Street and Number)

1215 Elizabeth Lane

5. Full Name of Mother,

Katherine Raymond

6. Mother's Maiden Name,

Katherine Raymond

7. Mother's Birthplace,

Balt. City Md

8. Full Name of Father,

John Raymond

9. Father's Occupation,

works in fruit caring

10. Father's Birthplace,

Balt. City Md

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Flinn

Address,

1215 Elizabeth Lane

Remarks,

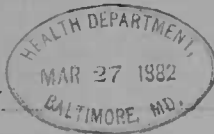
weighing about 15 lbs

Records of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH 54725

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

11th Child.

Male.

White.

March 26th 1882.

No. 200 Pennsylvania Ave.

Mary E. Basle.

Mary E. Albert.

Baltimore.

J. C. Basle.

Confectioner.

Baltimore.

20

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Child Healthy.

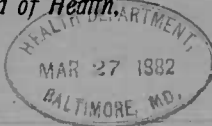
J. F. Powell, M.D.
1225 Caroline Ave.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54726

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

March 26 - 1882

26

4. Place of Birth (Street and Number)

34 Fairmount Ave

5. Full Name of Mother

Mary V. Bowling

6. Mother's Maiden Name

Mary Vaughan

7. Mother's Birthplace

B. C.

8. Full Name of Father

Joseph Bowling

9. Father's Occupation

As Captain

10. Father's Birthplace

B. C.

Name of Medical Attendant, or other Person who makes this Return.

Forney Hill M.D.

Address

119 Edmondson Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54727

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth March the 1882
4. Place of Birth (Street and Number) Paris St. City
5. Full Name of Mother Eliyer Mason
6. Mother's Maiden Name Eliyer Mason
7. Mother's Birthplace Baltimore
8. Full Name of Father John Ford
9. Father's Occupation labourer
10. Father's Birthplace va
- Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville
- Address 13 E Clinton Avenue
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian Race

3. Date of Birth,

March 26 1882

4. Place of Birth, (Street and Number)

102 Spring St

26

5. Full Name of Mother,

Martney Pinkey

6. Mother's Maiden Name,

Eastern Shore

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Lucinda Walker

Address,

138 Register St

Remarks,

Physician, accoucheur, midwife, or other person in attendance, when called, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54729

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 27

4. Place of Birth, (Street and Number) 24 E. Chancery St.

5. Full Name of Mother, Maria A. Homayni

6. Mother's Maiden Name, Khal

7. Mother's Birthplace, Persia

8. Full Name of Father, George Homayni

9. Father's Occupation, Agent

10. Father's Birthplace, Persia

Name of Medical Attendant, or other Person who makes this Return, Jacob A. Smith

Address, 11 E. Green Street

Remarks,

Not Record of Vital Statistics in the City of Baltimore.

That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54720

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Joseph Kellner



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 27 - 1882

4. Place of Birth (Street and Number)

No 967 Eastern St

5. Full Name of Mother

Sarah Kellner

6. Mother's Maiden Name

Chinic

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Anthony Kellner

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah P Harrington

Address

No 12 Paterson Park St

Remarks

GIVEN NAME ADDED

9-11-53

h.m.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54731

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 27th 1882

4. Place of Birth, (Street and Number)

197 Canton Ave

5. Full Name of Mother,

Emma Wellslager

6. Mother's Maiden Name,

" Maulder

7. Mother's Birthplace,

City

8. Full Name of Father,

Edward Wellslager
Grocer

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return

Mrs Elizabeth Bots

Address,

120 Bank St

Remarks,

Give any physician, doctor, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 27th

4. Place of Birth, (Street and Number)

103 Jefferson St

5. Full Name of Mother,

Anna Healy

6. Mother's Maiden Name,

Anna Baker

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Frederick T. Healy

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Europe

Name of Medical Attendant,

or other Person who
makes this Return

Mary Walker

Address,

125 N. Caroline St.

Remarks,

RETURN OF A BIRTH 54733

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

male

Race or Color, (if not of the white race)

Caucasian

Date of Birth,

March 24 1882

Place of Birth, (Street and Number)

Wiley St 214

Full Name of Mother,

Martta Jannge

Mother's Maiden Name,

Martta Jannge

Mother's Birthplace,

St. Tappanham north

Full Name of Father,

Charles Jannge

Father's Occupation,

Suburban man

Father's Birthplace,

Battinge Co

Name of Medical Attendant,

or other Person who makes this Return

Dr. Sidney

Address,

No 4 patappa and more

Remarks,

RETURN OF A BIRTH

54734

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Monday March 27th 1882

4. Place of Birth, (Street and Number)

78 E. Eager St.

5. Full Name of Mother.

Mary Lockley

6. Mother's Maiden Name.

Mary Linthicum

7. Mother's Birthplace,

Ohio

8. Full Name of Father.

John Lockley

9. Father's Occupation,

P.C. & R. Employee

10. Father's Birthplace,

Port Clinton Pa

Name of Medical Attendant, or other Person who makes this Return

William Brinton M.D.

Address,

257 Greenmarket Ave

Remarks,

Vertex Presentation

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 14735

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

27 of March

4. Place of Birth, (Street and Number)

242 Canton Ave

5. Full Name of Mother,

Elizabeth Simms

6. Mother's Maiden Name,

Molack

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew Simms

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,



RETURN OF A BIRTH ⁵⁴⁷³⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *27th of March*

4. Place of Birth, (Street and Number) *Olsons 121*

5. Full Name of Mother, *Liddie Stokley*

6. Mother's Maiden Name, *Liddie Bailey*

7. Mother's Birthplace, *Cherokee County*

8. Full Name of Father, *Charles Stokley*

9. Father's Occupation, *colored*

10. Father's Birthplace, *West county*

Name of Medical Attendant, *Dr. H. T. North* or other Person who makes this Return

Address, *1032 Morgan*

Remarks, *Dr. North*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54737

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mary Carter March 27th 1892

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

March 27th

4. Place of Birth (Street and Number)

Stockholm St. No. 12

5. Full Name of Mother

Mary Margaret Carter

6. Mother's Maiden Name

Mary Margaret Ward

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Henry Carter

9. Father's Occupation

Labourer

10. Father's Birthplace

King George County, Va.

Name of Medical Attendant, or other Person who makes this Return.

Robinson Mills

Address

1622 Stockholm St.

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54758

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 27th 1882

4. Place of Birth, (Street and Number) Baltimore Ridgely St. No. 183

5. Full Name of Mother, Annie Golden

6. Mother's Maiden Name, Curren

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Golden

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No. 38 Parkin St.

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54739

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 27th 1882*
4. Place of Birth (Street and Number) *#30. Orleans St*
5. Full Name of Mother *Kate L. Christopher*
6. Mother's Maiden Name *McCrath*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Thomas A. Christopher*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *James J. Bell M.D.*
- Address *134 N. Capitol St.*
- City *Baltimore*
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54740

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Malatto.

3. Date of Birth,

March 28th. 1882.

4. Place of Birth, (Street and Number)

168 York St.

5. Full Name of Mother,

Eliza Banks.

6. Mother's Maiden Name,

7. Mother's Birthplace,

City.

8. Full Name of Father,

Wm Banks.

9. Father's Occupation,

Porter

10. Father's Birthplace,

Cambridge Ind.

Name of Medical Attendant, or other Person who makes this Return

A. M. Belt M.D.

Address,

Cor. Sharp & Lee Sts

Remarks,

Adherent Placenta, excessive hemorrhage, I was called in three hours after birth of the child - the

mother is doing well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54741

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*
1. Sex, (state whether male or female) *2 females*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March the 27 1889*
4. Place of Birth, (Street and Number) *19 Calhoun St Bal*
5. Full Name of Mother, *Ethel Speedden*
6. Mother's Maiden Name, *Ethel Smith*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Vincent Speedden*
9. Father's Occupation, *Lab. Sec.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Wm. S. Hillyer*
or other Person who makes this return
- Address *292 Pratt St Bal*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) . One. Child.
1. Sex (state whether Male or Female) Male. Child.
2. Race or Color (if not of the white race) Pollard. Child.
3. Date of Birth March. 24. 1882.
4. Place of Birth (Street and Number) No. 16. Welch, alley.
5. Full Name of Mother Mr. Mary Shall
6. Mother's Maiden Name Miss Mary Powell
7. Mother's Birthplace Howard County Md
8. Full Name of Father John Shall
9. Father's Occupation Draman
10. Father's Birthplace Howard County Md
Name of Medical Attendant, or other Person who makes this Return. Mr. Sarah. DeWitt.
Address No 9 Jasper St
Remarks

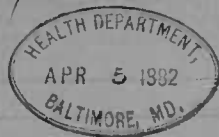
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54743

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) .
3. Date of Birth, *March 27, 1892.*
4. Place of Birth, (Street and Number) *No 108. Franklin St*
5. Full Name of Mother, *Mary White*
6. Mother's Maiden Name, *" White*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Chas. Westrich*
9. Father's Occupation, *Tobacco*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Anne Linde*
- Address, *No 108 S. Abasco St*
- Remarks,

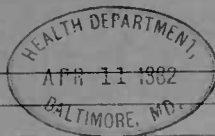
RETURN OF A BIRTH

54744

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54744

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 27th 1882
4. Place of Birth, (Street and Number) # 147 North Central ave
5. Full Name of Mother Bessie Behm
6. Mother's Maiden Name Margie Lambrecht
7. Mother's Birthplace Germany
8. Full Name of Father John Behm
9. Father's Occupation Bricklayer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Hildequist
- Address 182 E Monument street
- Remarks _____

Register, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54745

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

born on the 27th of March 1886

24

4. Place of Birth, (Street and Number)

1 Browns Lane

5. Full Name of Mother

Maggie Ford

6. Mother's Maiden Name

Maggie Mayes

7. Mother's Birthplace

born in Bavaria Germany

8. Full Name of Father

Henry Ford

9. Father's Occupation

Washer

10. Father's Birthplace

born in the City of Balto.

Name of Medical Attendant

or other Person who makes this Return.

Miss Miller

Address

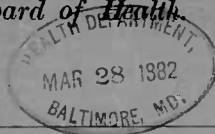
1047 W. Pratt St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54746

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 27th 1882.

4. Place of Birth, (Street and Number) Belair Road Balto County

5. Full Name of Mother Elisa Raff.

6. Mother's Maiden Name Elisa Spalmer

7. Mother's Birthplace Balto

8. Full Name of Father William A. Raff.

9. Father's Occupation Supt of St. James Catholic Cemetery

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Maria Nillegust

Address 182. Monument st.

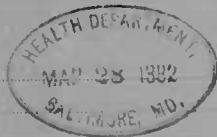
Remarks _____

REPORT OF THE PHYSICIAN IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54747

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

March 27th 1882

5 Bank St

Annie Kane

" Kratten

Baltimore

Martin Kane "Dead"

Labourer

Wife

Frederick M. D.

11 S. High St

27

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54748

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

March the 27

27

4. Place of Birth (Street and Number)

Baltimore Hughes St 214

5. Full Name of Mother

Salie Wilson

6. Mother's Maiden Name

Salie S. Carter

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Perley W. Wilson

9. Father's Occupation

Oyster Shucker

10. Father's Birthplace

Kent Island

Name of Medical Attendant, or other Person who makes this Return.

Ch. M. Wilson

Address

214 Hughes St

Remarks

"When any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54749

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Catholic Race

3. Date of Birth,

March 27 1882

4. Place of Birth, (Street and Number)

170 Bethel St

5. Full Name of Mother,

Mary Tinsel

6. Mother's Maiden Name,

Mary Jacks

7. Mother's Birthplace,

Sarford County

8. Full Name of Father,

Charlie Tinsel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Sarford County

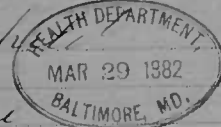
Name of Medical Attendant, or other Person who makes this Return

Lucinda

Address,

130 Register St

Remarks,



27

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54750

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth Mar 27. 82
 4. Place of Birth (Street and Number) Biddle Al.
 5. Full Name of Mother May Miller (Common?)
 6. Mother's Maiden Name May Miller
 7. Mother's Birthplace
 8. Full Name of Father Kelly Connor
 9. Father's Occupation Saddler
 10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. Herbert Harlan M.D.
- Address 246 Madison Ave.
- Remarks Child healthy

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54751

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

1

March 28

102 E. Lombard St

Martha Apilegus

Polish

Balto

Martha Apilegus

Polish

Balto

Genial Apilegus

102 E. Lombard St

Find only physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54712

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th March

4. Place of Birth, (Street and Number) 95 Oregon St

5. Full Name of Mother, Minnie Walter

6. Mother's Maiden Name, Minnie Becker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Walter

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 North Caroline

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

That the parents, or guardian, or other person in charge, of any child, shall report to the registrar, aforesaid, and advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, naming distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Wm. J. C. F. J. & CO., CIVIL ENGINEERS AND ARCHITECTS

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

57754

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 28th 82

4. Place of Birth (Street and Number)

497 Franklin St

5. Full Name of Mother

Mary Prothero

6. Mother's Maiden Name

Mary Furman

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

George Prothero

9. Father's Occupation

Clerk

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

Isabel Gibson M.D.

Address

47 Edmondson Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

54755

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 28th 1882*
4. Place of Birth (Street and Number) *N. W. Bigguth & Chew st*
5. Full Name of Mother *Mary Cornhardt*
6. Mother's Maiden Name *Dittus*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *John Cornhardt*
9. Father's Occupation *Cover man*
10. Father's Birthplace *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *M. B. Billingslee*
- Address *256 E John st*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *54756*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 28th 1882*
4. Place of Birth, (Street and Number) *N^o 235 Sth Paul S.*
5. Full Name of Mother, *Elizabeth Mary Howard*
6. Mother's Maiden Name, *Elizabeth Mary Ridgely*
7. Mother's Birthplace, *Berk Co. Pennsylvania*
8. Full Name of Father, *William Hys Howard*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *N^o 114 Park Ave.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar afterwards, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

54757

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Mar. 28th*
4. Place of Birth (Street and Number) *245 Howard St.*
5. Full Name of Mother *Mary Young*
6. Mother's Maiden Name *Mary Davis*
7. Mother's Birthplace *Ind*
8. Full Name of Father *Nathan Young*
9. Father's Occupation *Drayman*
10. Father's Birthplace *Ind*
- Name of Medical Attendant, or other Person who makes this Return. *R. M. Hall M.D.*
- Address *262 Sharp St.*
- Remarks

RETURN OF A BIRTH 14758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 28th 1882

4. Place of Birth, (Street and Number) 66 St. Peter St

5. Full Name of Mother, Ella Russell

6. Mother's Maiden Name, Burke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Russell

9. Father's Occupation, Telegraph repairer

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return W. L. Buddenbom M.D.

Address, 166 St. Peter St.

Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 1d

1. Sex, (state whether male or female) ... male

2. Race or Color, (if not of the white race) ... colored

3. Date of Birth, ... Baltimore No 35 Little monument st

4. Place of Birth, (Street and Number) ... march the 28 1882

5. Full Name of Mother, ... Kate Chase

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ... Talbert co md

8. Full Name of Father, ... Henry Chase

9. Father's Occupation, ... Laborer

10. Father's Birthplace, ... Dorchester Co md

Name of Medical Attendant, or other Person who makes this Return ... Mary A Dorsey
Address ... 83 oxford st

Remarks.

OFFICE OF THE REGISTRAR OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 14760

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 28th 1892

4. Place of Birth, (Street and Number)

234 Hanover St

5. Full Name of Mother,

Christiana Keio

6. Mother's Maiden Name,

" Emily

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Keio

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Kirk

Address,

729 South Euter St

Remarks,

Baltimore



RETURN OF A BIRTH 54761

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 28th 82

4. Place of Birth, (Street and Number)

25 Stewart St

5. Full Name of Mother,

Anna Hutchinson

6. Mother's Maiden Name,

Risinger

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Jas. Hutchinson

9. Father's Occupation,

Genl Police

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return

Wm. H. Hark

Address,

728 South Eutaw St

Remarks,

Balto

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54762

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 22

4. Place of Birth, (Street and Number) Chesapeake St

5. Full Name of Mother, Eliza W. W. W.

6. Mother's Maiden Name, Eliza W. W. W.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry W. W. W.

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. J. W. W. W.

Address, 123 W. W. W.

Remarks, fine child

Return of Birth Statistics in the City of Baltimore

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, *54763*

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether ~~male~~ or female) _____
2. Race or Color, (if not of the white race) *White* _____
3. Date of Birth *March 28th 1892* _____
4. Place of Birth, (Street and Number) *64 N. Broadway* _____
5. Full Name of Mother *Mary Winifred Valiant* _____
6. Mother's Maiden Name, *Mary W. Boston* _____
7. Mother's Birthplace *Baltimore City, Md.* _____
8. Full Name of Father *William Henry Valiant* _____
9. Father's Occupation *Clerk* _____
10. Father's Birthplace *Baltimore City, Md.* _____
- Name of Medical Attendant, or other Person who makes this Return. *Nicholas G. Dashiell* _____
- Address *207 N. Broadway* _____
- Remarks _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

28th of March

128

4. Place of Birth, (Street and Number)

Franklin N.W. Cor. Primate

5. Full Name of Mother,

Caroline Louise Lautenbach

6. Mother's Maiden Name, ..

" " Meyer

7. Mother's Birthplace, ..

Baltimore

8. Full Name of Father,

Fred Lautenbach

9. Father's Occupation,

Apothecary

10. Father's Birthplace, ..

Baltimore

Name of Medical Attendant, or other Person who
attests this Return

W. H. Eldred

Address,

120 Pearl St.

Baltimore

Remarks,

RETURN OF A BIRTH 54765

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

54765

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third
Female
Colored

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

March - 28th 1882.

28

4. Place of Birth (Street and Number)

708 Paratoga St.

5. Full Name of Mother

Hannah Parker

6. Mother's Maiden Name

" Mason

7. Mother's Birthplace

Accomac Co., Va.

8. Full Name of Father

Otto Parker

9. Father's Occupation

Crochman

10. Father's Birthplace

Hagerstown Md

Name of Medical Attendant, or other Person who makes this Return.

Wm. A. B. Sellman M.D.

Address

2 W. Carrollton Ave & Laurel St

Remarks

Gym

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

74766

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 1

1. Sex, (state whether male or female).....

White

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 2d of May

28

4. Place of Birth, (Street and Number)

No 267 Lombard

5. Full Name of Mother,

Christina Smith

6. Mother's Maiden Name,

Christine Eggitt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Kasper Eggitt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. Christina James

Address,

110 Napoleon

Remarks,

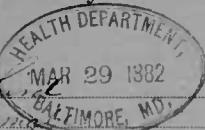
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54767

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex (state whether ~~male~~ or female)
- Race or Color (if not of the white race)
- Date of Birth 11th 10th P. M. 28th March, 1882. 28
- Place of Birth (Street and Number) 229 N. Howard St. Baltimore, Maryland
- Full Name of Mother Eugenia Sabella Killinger
- Mother's Maiden Name Eugenia Sabella Feltz
- Mother's Birthplace Middletown - Delaware
- Fall Name of Father Martin Killinger
- Father's Occupation Upholsterer
- Father's Birthplace Baltimore, Maryland
- Name of Medical Attendant, or other Person who makes this Return. Dr. A. H. H. M. D.
- Address 236 N. Howard St.
- Remarks Only 7 months pregnant - child very small

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54768

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

29th March 1882

4. Place of Birth, (Street and Number)

49 Lee

5. Full Name of Mother

Estella Ohsig

6. Mother's Maiden Name

Lewis

7. Mother's Birthplace

Balt.

8. Full Name of Father

W. T. Ohsig

9. Father's Occupation

Wholesale Druggist

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this return.

A. W. Webster

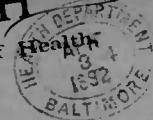
Address

59 N. Main

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29th of March 1882.*

4. Place of Birth, (Street and Number) *314 East Fayette Street*

5. Full Name of Mother, *Meak Klatz*

6. Mother's Maiden Name, *Baltimore*

7. Mother's Birthplace, *Andres Klatz*

8. Full Name of Father, *Tavern.*

9. Father's Occupation, *Germany*

10. Father's Birthplace, *Crescentia Kunkel*

Name of Medical Attendant, *or other Person who make this Return*

Address, *71 North Chappel Street per Justina Kunkel*

Remarks, *Healthy.*

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

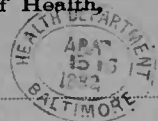
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54770

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 29th. 1882*
 4. Place of Birth, (Street and Number) *No 6 N. Chapple St.*
 5. Full Name of Mother, *Mary Pitterding*
 6. Mother's Maiden Name, *Mary Beson*
 7. Mother's Birthplace, *North Carolina*
 8. Full Name of Father, *Ed. Pitterding*
 9. Father's Occupation, *Baker*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, *A. M. A. Butt*
 Address, *No. 185 N. E. cor. Center st. & Monument St*
 Remarks, *see Will*

sent any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁴⁷⁷¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

March 29, 1882

255 N Wolfe St

Alise Knafman

Johnson

S. Carolina

Saml. Knafman

Wine

England

A. M. White M.D.

347 N Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54772

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
- Sex (state whether Male or Female) *Female*
- Race or Color (if not of the white race)
- Date of Birth *March 29th '82*
- Place of Birth (Street and Number) *#10 Ridgely*
- Full Name of Mother *Mary A. Deal*
- Mother's Maiden Name *Mary A. Roycroft*
- Mother's Birthplace *Balti. Md.*
- Full Name of Father *Jos. T. Deal*
- Father's Occupation *Laborer*
- Father's Birthplace *Balti. Md.*

Name of Medical Attendant, or other Person who makes this Return.

V. Byler Smith M.D.
#221 Barre St.

Address

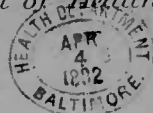
Remarks

All right

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54773

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st
Female
White
March 27th 1892
296 E. Balto. St.
Mary Elizabeth Schwarz
Shaver
Phil. Pa.
Mrs. Schwarz fr.
Brook. Baker
Balto. City
C. L. Davis M.D.
273 E. Balto. St.

RETURN OF A BIRTH 54774

Return of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54774

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 29th 82

4. Place of Birth, (Street and Number)

Baltimore, Md.

5. Full Name of Mother

John Murray

6. Mother's Maiden Name

Maguire

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

John Murray

9. Father's Occupation

Farmer

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. H. H. H.

Address

1000 ...

Remarks

RETURN OF A BIRTH 54775

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54775

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male
White.

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 29, 1882

4. Place of Birth, (Street and Number)

85 S. Eden St.

5. Full Name of Mother,

Mary Eliza Staib.

6. Mother's Maiden Name,

Mary Eliza Geiger

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Adolph Staib,

9. Father's Occupation,

Watchmaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. W. Hoxck M.D.

Address,

75 E. Baltimore St.

Remarks,

54776

Red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City or Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

54776



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 29th

4. Place of Birth (Street and Number) 194 Columbia Ave.

5. Full Name of Mother Mary Elizabeth Van Hollin

6. Mother's Maiden Name McCarty

7. Mother's Birthplace Philadelphia Pennsylvania

8. Full Name of Father Louis Van Hollin

9. Father's Occupation Moulder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. W. Weber M.D.
298 2d Lombard St.
Child Healthy
Presentation. Left Occipito Iliac Anterior.

That any physician, accouchours, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

54999



- # RETURN OF A BIRTH

✓ 4978

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14778

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 March 1882

4. Place of Birth, (Street and Number) Baltic Duncan Alley No 55

5. Full Name of Mother, A. Petrikova

6. Mother's Maiden Name, A. Dubsova

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Cor Petrik

9. Father's Occupation, Saler

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return May Probst

Address, 69 W. Washington St

Remarks, May Probst

comes under the jurisdiction of the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54779

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 March
4. Place of Birth, (Street and Number) 212 N. Broad
5. Full Name of Mother, Joseph Ulick
6. Mother's Maiden Name, Sluka
7. Mother's Birthplace, Pacific Nebraska
8. Full Name of Father, John Ulick
9. Father's Occupation, Laborer
10. Father's Birthplace, Techonue Nebraska
- Name of Medical Attendant, or other Person who makes this Return Joseph H. Hamed
- Address, 212 N. Broad
- Remarks.

RETURN OF A BIRTH 54780

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54780

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 March

4. Place of Birth, (Street and Number) 162 S. Dallas

5. Full Name of Mother, Barbara Danuska

6. Mother's Maiden Name, Janisch

7. Mother's Birthplace, Paris Bohemia

8. Full Name of Father, John Danuska

9. Father's Occupation, Tailor

10. Father's Birthplace, Paris Bohemia

Name of Medical Attendant, or other Person who Joseph J. Danuska
make this Return

Address, 162 S. Dallas

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54781

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 11.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 29, 1892

4. Place of Birth, (Street and Number)

No. 124, Somerset St.

5. Full Name of Mother,

Margie Hedges

6. Mother's Maiden Name,

Margie Stittler

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ragle R. Stittler

9. Father's Occupation,

Sales

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Christian James

Address,

110 Madison

Remarks,

1892

"Want any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54782

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

March 29th 1882



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 29th 1882

29

4. Place of Birth, (Street and Number) No 24 Essex Street

5. Full Name of Mother, Matilda Schutt

6. Mother's Maiden Name, Matilda Bacon

7. Mother's Birthplace, America

8. Full Name of Father, Jacob L. Schutt

9. Father's Occupation, Tailor

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes the Return M. W. M. Amend

Address, No 137 S. Wolfe St

Remarks, [Signature]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *124783*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *52*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *March 29th 1882*

4. Place of Birth, (Street and Number) *51 S. Bittel St.*

5. Full Name of Mother, *Mary Carroll*

6. Mother's Maiden Name, *Mary Barry*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *William A. Carroll*

9. Father's Occupation, *Oyster Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. Eliza Carroll*

Address, *W. 1st St.*

Remarks, *67 years old*

RETURN OF A BIRTH

54784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth - 5

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

30th March 1882

Place of Birth, (Street and Number)

at 142, St. Wolfe St

Full Name of Mother,

Elizabeth A Callan

Mother's Maiden Name,

Elizabeth A Vanhorn

Mother's Birthplace,

Baltimore Md

Full Name of Father,

Benard E Callan

Father's Occupation,

Clerk

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mary A Hayward

Address,

396 Orleans St

Remarks,

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

24785

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 30 1882

4. Place of Birth, (Street and Number)

62 Washington Street

5. Full Name of Mother,

Christina McInerney

6. Mother's Maiden Name,

Clancy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William McInerney

9. Father's Occupation,

engineer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

No. 13 Patterson Park St.

Remarks,

"That any physician, accouchement, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *54786*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *186 W. Duncanson*

Remarks,



Thompson
Male
March 30. 1890

25 Rough St.
Barbara E. Groves
Thompson
Baltimore
Geo. H. Groves
Engineer
Wid

Mary A. McNeill

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *14787*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *March 22 1882*
4. Place of Birth, (Street and Number). *Butt. City No. 100 Broad St.*
5. Full Name of Mother, *Anna Kati Winger*
6. Mother's Maiden Name, *Schaffer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Kaspar Winger*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. M. M. M.*
- Address, *14787*
- Remarks,

"That any physician, second-church, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54788

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 30th 1892

4. Place of Birth, (Street and Number)

411 S Pratt Str

5. Full Name of Mother,

A. L. B. Munter

6. Mother's Maiden Name,

A. L. Benois

7. Mother's Birthplace,

Chile. I. A.

8. Full Name of Father,

F. J. Munter

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Wendbury Penn.

Name of Medical Attendant, or other Person who makes this return

Mrs. Mary E. Dennis

Address,

171 Washington Str

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, making distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

The 1st
Female
White
The 3d May
1892
No. 933 Eager St
Mary England
Mary Adelman
Baltimore
Heath Adelman
Gales
Germany

Mrs. Christina Sauer
111 Harrison

"In any physician, accouchour, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54790

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (4th) Fourth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Mar 30 1882

4. Place of Birth, (Street and Number) 231 St. James St

5. Full Name of Mother, Alice Amelia Cole

6. Mother's Maiden Name, Alice Amelia Hammer

7. Mother's Birthplace, London County, Virginia

8. Full Name of Father, George Emory Cole

9. Father's Occupation, Machine Gunter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return James B. Hammer

Address, 231 St. James St

Remarks,

current Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54791

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 30 1892

4. Place of Birth, (Street and Number)

409 Little Alliceama

5. Full Name of Mother.

Mary Hartaker

6. Mother's Maiden Name.

Bauernschmidt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

John Hartaker

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Krapp

Address,

236 Canton Ave.

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54792

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 30, 1892

4. Place of Birth (Street and Number)

28 W. Monument St

5. Full Name of Mother

Maggie Shipley Jones

6. Mother's Maiden Name

Maggie Shipley

7. Mother's Birthplace

W. D.

8. Full Name of Father

Franklin Jones

9. Father's Occupation

Switch Tender

10. Father's Birthplace

W. D.

Name of Medical Attendant, or other Person who makes this Return.

James A. Boring M.D.

Address

217 Madison St

Remarks

"Print any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 574793

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 30, 1892

4. Place of Birth, (Street and Number) 146 Saratoga St

5. Full Name of Mother, Eva Salmon

6. Mother's Maiden Name, Rathery

7. Mother's Birthplace, West Point, New York

8. Full Name of Father, John Salmon

9. Father's Occupation, Salesman

10. Father's Birthplace, Paterson, New Jersey

Name of Medical Attendant, or other Person who makes this Return Dr W. B. Morgan

Address, 119 W. Monument St

Remarks,

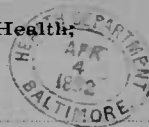
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54794

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 30th 1892*
4. Place of Birth, (Street and Number) *N 143 Melbourn st.*
5. Full Name of Mother, *Lallie Sanders*
6. Mother's Maiden Name, *McIntosh*
7. Mother's Birthplace, *Queen Ann, Co.*
8. Full Name of Father, *Thos. Sanders*
9. Father's Occupation, *Ice Driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Stein*
- Address, *121 East Pratt st.*
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

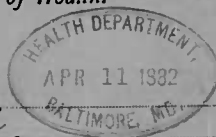
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54795

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex (state whether Male or Female)
- Race or Color (if not of the white race)
- Date of Birth
- Place of Birth (Street and Number)
- Full Name of Mother
- Mother's Maiden Name
- Mother's Birthplace
- Full Name of Father
- Father's Occupation
- Father's Birthplace

94.
Female,
Colored,
March 30.
48 Goodman Alley
Martha Ellen Brown
Martha Ellen Diggs
Calvert County
Henry Brown
Rent Oyster Spicket
Bland
Mary Tucker
142 York Street

Name of Medical Attendant, or other Person who make this Return.
Address.
Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 54796

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 30th 1882

4. Place of Birth, (Street and Number) 1617 Kanawha St

5. Full Name of Mother Rebekah Silberstein

6. Mother's Maiden Name Rebekah Schmidt

7. Mother's Birthplace Germany

8. Full Name of Father Samuel Silberstein

9. Father's Occupation Property Agent

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Katherine Kernung

Address 1618 Byrd St

Remarks



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54797

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *March 30th 1892*
4. Place of Birth (Street and Number) *Stockton Alley No 11*
5. Full Name of Mother *Eliza Barnes*
6. Mother's Maiden Name *Eliza Smith*
7. Mother's Birthplace *Baltimore, Caly. Md*
8. Full Name of Father *Charles Barnes*
9. Father's Occupation *Welder*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Martha Moore Midwife*
- Address *No 7 Stockton Alley No 7*
- Remarks *Still well*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

30 March 1882

4. Place of Birth, (Street and Number)

Gate Dallas St N 247

5. Full Name of Mother,

Rosa Selinkova

6. Mother's Maiden Name,

Anna Pursik

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joe Pursik

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

May Rapinot

Address,

69 Washington St

Remarks,

May Rapinot



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 19-16-97

RETURN OF A BIRTH, 54799

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Margaret S. E. Funk



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 30th 1882

4. Place of Birth, (Street and Number)

N^o 113 Battery Ave

5. Full Name of Mother

Mary Funk

6. Mother's Maiden Name

Mary Proctor

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Funk

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catherine Hermann

Address

N^o 18 Byrd St

Remarks

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *54800*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 30th 1882*

4. Place of Birth, (Street and Number) *85 Euter st*

5. Full Name of Mother, *Alice Cole*

6. Mother's Maiden Name, *Tarsch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Louis Cole*

9. Father's Occupation, *Police officer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*

Address, *43 C. Lombard st*

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *54801*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

March 30th 1882,

30

4. Place of Birth, (Street and Number)

No 43 Bank St.

5. Full Name of Mother,

M. Finn

6. Mother's Maiden Name,

M. Neal.

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

Simon Finn

9. Father's Occupation,

laborer.

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Eliza Flemming's

Address,

No 45 Albemarle St.

Remarks,

(city)

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

54502

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 30, 1882 30
4. Place of Birth, (Street and Number) No. 585 North Gay Street
5. Full Name of Mother Mrs. Mary R. Howell
6. Mother's Maiden Name Miss Mary R. Moysinger
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Mr. William C. Howell
9. Father's Occupation Coach Painter
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. H. C. Clendinen, M.D.
- Address No. 102 North Broadway
- Remarks _____

WMB

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 14803

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

31 March

4. Place of Birth, (Street and Number)

13 S. Front. St.

5. Full Name of Mother,

Charles Keller

6. Mother's Maiden Name,

Durand

7. Mother's Birthplace,

Belmont

8. Full Name of Father,

Robert Keller

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Belmont

Name of Medical Attendant, or other Person who makes this Return

Joseph Durand

Address,

13 S. Front. St.

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14804

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 21 79

4. Place of Birth, (Street and Number)

35 Union St

5. Full Name of Mother,

Anne Anderson

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

August B. Anderson

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Charles C. Smith

Address,

21 E. Greenmount St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, *14805*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1)*
 1. Sex (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth *31st March 1882*
 4. Place of Birth, (Street and Number) *N E Cor Madison & Carrolline*
 5. Full Name of Mother *Sarah L Schaper*
 6. Mother's Maiden Name *Sarah L. Harrison*
 7. Mother's Birthplace *Rockville Kent Co Md*
 8. Full Name of Father *Wm H Schaper*
 9. Father's Occupation *Oyster Dealer*
 10. Father's Birthplace *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Amanda Marone*
 Address *378 E Monument St*
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 54806

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 31st 1882

4. Place of Birth, (Street and Number)

No 20 Keyser St
Virginia Baker

5. Full Name of Mother,

Virginia Baker

6. Mother's Maiden Name,

Baltimore Md

7. Mother's Birthplace,

George W Baker

8. Full Name of Father,

Carroll Co Md

9. Father's Occupation,

Regina H. Smith

10. Father's Birthplace,

186 Harford Ave

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

54807

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether all-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- Female*
- March 31st 1882
339½ Hartford Ave
Clara Meredith
" " " " " "
Baltimore Md
George J. Meredith
Baggage Clerk
York Pa
Regina A. Miller
186 Hartford Ave

Address,

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *17408*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 31st 1882

4. Place of Birth, (Street and Number)

227 Eastern Ave

5. Full Name of Mother,

Adolphina Sommerwerk

6. Mother's Maiden Name,

Offney

7. Mother's Birthplace,

City

8. Full Name of Father,

Carl Sommerwerk

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Elizabeth Betz

Address,

120 Bank St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54509

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Thirteenth
Genrate

March 31. 89
208 W. Wolfe St.
Kath. V. Green's
Mother
Baltimore
Zachariah G. Green
Iron Moulder
Baltimore

Mary A. Atwell

Name of Medical Attendant, or other Person who makes this Return

Address, 186 W. Denoy St

Remarks,

RETURN OF A BIRTH *54810*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*—

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

one child -
male



March 31.

Parlin, Prof. & Co.

Sizzie Bollinger

24. Zu. & Hasmeringer

Countess of B. C.

Joseph Hollinger

1. *Pione & Habiter*

Stuttgart Germania

Athens, Dec 24
 1890

39 Dec 27 1951

"That any physician, concubineur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 54811

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31st

4. Place of Birth, (Street and Number) 808 S. Taylor St

5. Full Name of Mother, Anna M. Bardecken

6. Mother's Maiden Name, Anna M. Bardecken

7. Mother's Birthplace, Pellen

8. Full Name of Father, Steven Bardecken

9. Father's Occupation, Butcher

10. Father's Birthplace, Pellen

Name of Medical Attendant, or other Person who makes this Return Mrs. E. L. L. L.

Address, 54 Frederick St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 24812

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name of child: Harry Newton Roberts
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child
Male

1. Sex, (state whether male or female)...

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 31/82

4. Place of Birth, (Street and Number)

187 S. Broadway

5. Full Name of Mother,

M. M. Roberts

6. Mother's Maiden Name,

M. M. Rice

7. Mother's Birthplace,

Laureate Ohio

8. Full Name of Father,

T. N. Roberts

9. Father's Occupation,

Sea Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 S. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 54813

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1d*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *21st march 1882*
4. Place of Birth, (Street and Number) *Balt No 53 pearl St*
5. Full Name of Mother, *Henrietta Savoy*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *Summerfield Savoy*
9. Father's Occupation, *Wharfing*
10. Father's Birthplace, *Howard Co md*
- Name of Medical Attendant, or other Person who makes this Return *Mary St Dorsey*
- Address, *83 Oxford St*
- Remarks, _____

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54814

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female).

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

31 March 1882

4. Place of Birth (Street and Number)

240 Calhoun

5. Full Name of Mother

Annie A. Hinton

6. Mother's Maiden Name

Croswell

7. Mother's Birthplace

Ma

8. Full Name of Father

John Hinton

9. Father's Occupation

Sea Captain

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

W. H. Harnes

Address

Shelton & Towne

Remarks

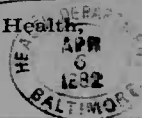
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54815

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 31 1882

4. Place of Birth, (Street and Number)

236 Broadway

5. Full Name of Mother,

Rose Buck

6. Mother's Maiden Name,

Rose Richardson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Buck

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

Miss E. Gray

Address,

143 Sherman St

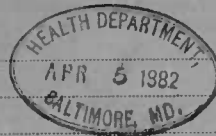
Remarks,

Healthy

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *57816*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 1st, 1882.*
4. Place of Birth, (Street and Number) *Cornet St. 1421.*
5. Full Name of Mother, *Matharine Meyer*
6. Mother's Maiden Name, *Matharine Wolf*
7. Mother's Birthplace, *Archendorf, Gr. Massons, Germany*
8. Full Name of Father, *Edward Meyer*
9. Father's Occupation, *Tinner*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Mallon*

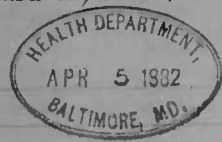
Address, *18 Gallia St. 1326.*

Remarks _____

“That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.”

RETURN OF A BIRTH 54817

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 Child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *March 31st 1882.*
4. Place of Birth, (Street and Number) *No 56. S. Fulton St.*
5. Full Name of Mother, *Mary Rosewald.*
6. Mother's Maiden Name, *" Rosemer.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Christ Rosewald.*
9. Father's Occupation, *Furniture M. f. G. Co.*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Anne Linnans.*
Address, *No 40. S. Monroee St.*
Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54818

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White -

3. Date of Birth

March 31 1882

4. Place of Birth (Street and Number)

Car Martine & W. Tucker St

5. Full Name of Mother

Marta A. Frederick

6. Mother's Maiden Name

" " Jackson

7. Mother's Birthplace

City -

8. Full Name of Father

B. F. Frederick

9. Father's Occupation

Lawyer

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

A. Tinsley M.D.

Address

380 Dunderberg

Remarks

Corrected by the Registrar of the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54817

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 31st 1882

4. Place of Birth, (Street and Number)

No 103 Randolph st.

5. Full Name of Mother,

Mary Wirling

6. Mother's Maiden Name,

Ballak

7. Mother's Birthplace,

America

8. Full Name of Father,

Andrew Wirling

9. Father's Occupation,

Finisher

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwassur midwife

Address,

330 Hanover st.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54820

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Birth
Male
Colored
March 31st 1882
X 789 Conner Street
Matilda Cornish
Matilda Gibbs
Balto -
Wm Cornish
Clerk
Balto
Lapitol Powell M.D.
No 29 Augusta St.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

54821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Mar. 31st 1882
4. Place of Birth (Street and Number) 129 N. Peace St.
5. Full Name of Mother Julia F. Weaver
6. Mother's Maiden Name Lambert
7. Mother's Birthplace Baltimore
8. Full Name of Father Edmund J. Weaver
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. G. W. M. D. S.
- Address
- Remarks

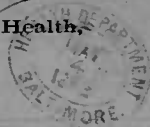


"That any physician, accoucheur, midwife, or other person in charge, who shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar, within ¹⁰ days thereafter, stating distinctly the date of birth, sex, and color of the child - children born, &c. &c. their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 54822

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March

4. Place of Birth, (Street and Number)

188 Lemmen St. Baltimore

5. Full Name of Mother,

Anna Maria Heekmann

6. Mother's Maiden Name,

Franz Pfloger

7. Mother's Birthplace,

Bensheim in Darmstadt Germany

8. Full Name of Father,

George Heekmann

9. Father's Occupation,

Schuhmacher

10. Father's Birthplace,

Germany in Kuckhossan Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Gaudin

Address,

10 Schreder St.

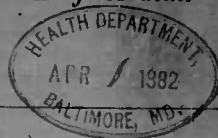
Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar accordingly, within six months thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of birth, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH, 5473

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
 1. Sex (state whether male or female) Male
 2. Race or Color, if not of the white race White
 3. Date of Birth Mar. 16, 1882
 4. Place of Birth (Street and Number) 334 N. Gilman St.
 5. Full Name of Mother Matilda J. Moore
 6. Mother's Maiden Name Brooke
 7. Mother's Birthplace Virginia
 8. Full Name of Father Geo. W. Moore
 9. Father's Occupation Bookkeeper
 10. Father's Birthplace Dorchester Co. Md.
 Name of Medical Attendant, or other Person who made this Return. W. H. Livingston, M.D.
 Address 431 Penn. Ave.
 Remarks

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

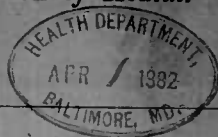
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar accordingly, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their place of birth, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH, 5423

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether male or female) Male
2. Race or Color, if not of the white race white
3. Date of Birth Mar. 16, 1882.
4. Place of Birth (Street and Number) 334 N. Gilman St.
5. Full Name of Mother Matilda J. Moore
6. Mother's Maiden Name Brooke
7. Mother's Birthplace Virginia
8. Full Name of Father Geo. W. Moore
9. Father's Occupation Teacher
10. Father's Birthplace Dorchester Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. W. H. Livingston M.D.
- Address 431 Penna. Ave.
- Remarks

Missing 54824 to
55401, incl.

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the name of the child.

RETURN OF A BIRTH 55402

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Age or Color, (if not of the white race)

Birth,

Birth, (Street and Number)

Name of Mother,

Maiden Name,

Birthplace,

Name of Father,

Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male 1. 18.82
 175
 Thomas Schmitt
 Mary
 Balt.
 Frank Schmitt
 Laborer
 Balt.
 Mary Joh. Brownhardt
 175

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female) ...

Male

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

May 1st : 1882

4. Place of Birth, (Street and Number) ...

38 Sth Castle st.

5. Full Name of Mother, ...

Mary Peter
" Graf

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

City

8. Full Name of Father, ...

Frank Peter
Car maker

9. Father's Occupation, ...

10. Father's Birthplace, ...

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Peter

Address, ...

120 Bank st.

Remarks, ...

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55404

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 1

4. Place of Birth, (Street and Number)

Balnam's Hotel

5. Full Name of Mother,

Maggie Wilson

6. Mother's Maiden Name,

Barnum

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Augustus Wilson

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

A. M. Wilson

Address,

257 Mad. Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55405

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of May 1882*

4. Place of Birth, (Street and Number) *North Monument Street*

5. Full Name of Mother, *Annie Barbra Steenendager*

6. Mother's Maiden Name, *Annie Barbra Lamuth*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Carper Lamuth*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Crescentia Kunkel*

Address, *11 North Chappel Street per Christina Kunkel*

Remarks, *Healthy*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

55406

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^a.

1. Sex (state whether Male or Female)

female.

2. Race or Color (if not of the white race)

white

3. Date of Birth

May 1. 1882

4. Place of Birth (Street and Number)

305. Light St.

5. Full Name of Mother

Martha Broth

6. Mother's Maiden Name

Martha Rawlings

7. Mother's Birthplace

Baltimore. Md

8. Full Name of Father

William S. Broth

9. Father's Occupation

Musician

10. Father's Birthplace

Fredrick Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. A. H. SAXTON,
No. 543 W. Lexington Street,
BALTIMORE.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55407

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .. 1st Child.
 1. Sex, (state whether male or female) .. Female.
 2. Race or Color, (if not of the white race) .. Maltese.
 3. Date of Birth, .. May 1, 1892.
 4. Place of Birth, (Street and Number) .. No. 44 Morris Alley, East.
 5. Full Name of Mother, .. Emma L. Johnson.
 6. Mother's Maiden Name, .. Emma Stewart.
 7. Mother's Birthplace, .. Anson, Ansonville, N. C.
 8. Full Name of Father, .. Jas. H. Johnson.
 9. Father's Occupation, .. Farmer.
 10. Father's Birthplace, .. Hartford, Conn., U. S.
 Name of Medical Attendant, or other Person who makes this Return .. A. Edgar Lawrence, M. D.
 Address, .. 545 W. Baltimore St.
 Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5408

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 12 1893

4. Place of Birth, (Street and Number)

22 E. Market St.

5. Full Name of Mother,

Isabel Baker

6. Mother's Maiden Name,

Bach Mc

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Mr. Ed. Harden

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

10 E. Market St.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 55409

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child. 1st child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White race

3. Date of Birth, May 1st

4. Place of Birth, (Street and Number) S. E. Cor of Jefferson & Short sts.

5. Full Name of Mother, Kate Wagner

6. Mother's Maiden Name, Kate Wagner

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles Edgar Wagner

9. Father's Occupation, Plumber & Carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, L. A. Knapp & J. A. Knapp

Address, 116 E. Lombard St Baltimore Md

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55410

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Boy No. 1

1. Sex, (state whether male or female)

Male. Colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 1st 1895

4. Place of Birth, (Street and Number)

Bayard Court No. 2

5. Full Name of Mother,

Virginia West

6. Mother's Maiden Name,

Virginia Wilson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. West

9. Father's Occupation,

Brickmaker

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return

Henetta Glaser

Address

100 E. Carey St. Extended

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) - 7
1. Sex (state whether Male or Female) - Male
2. Race or Color (if not of the white race) - White
3. Date of Birth - May 1st 1882
4. Place of Birth (Street and Number) - No 11 Walker Street near Bond St
5. Full Name of Mother - Elizabeth Horn
6. Mother's Maiden Name - Elizabeth Judd
7. Mother's Birthplace - Baltimore Md
8. Full Name of Father - Henry Horn
9. Father's Occupation - Farmer
10. Father's Birthplace - Germany
- Name of Medical Attendant, or other Person who makes this Return - Mrs Caroline Miller
- Address - No 5 Walker St. Baltimore Md
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55412

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st Child
Female Child
Colored Child
first of Mary
Cross Street N 248
Mary Cross
Essex, Mass
High-mountain, Virginia
John Cross
Labourer on the Street
Baltimore, Md
Mary Cross
Cross Street
Very good condition



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55413

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May the 1. 1892
4. Place of Birth, (Street and Number) Perry St No. 30
5. Full Name of Mother, Susan Watts
6. Mother's Maiden Name, Susan Brown
7. Mother's Birthplace, Calvert County Md
8. Full Name of Father, Joshua Watts
9. Father's Occupation, Labour Calvert Co. Md
10. Father's Birthplace, Calvert County Md
- Name of Medical Attendant, or other Person who makes this return Luke Dixon
- Address, No 60 Schouck St
- Remarks, over
as does show mistakes

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5414

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- Sex, (state whether male or female)
- Race or Color, (if not of the white race)
- Date of Birth, May 1st - 1881
- Place of Birth, (Street and Number) 412 E. Madison St
- Full Name of Mother, Annie A. Lenhard
- Mother's Maiden Name, " " Zervick
- Mother's Birthplace, Baltimore City
- Full Name of Father, Henry Lenhard
- Father's Occupation, Car Conductor
- Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this return, Wm. L. Russell
- Address, No 238 W. Broadway
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

52415

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 1st 1892
4. Place of Birth, (Street and Number) 16 Orleans St
5. Full Name of Mother Mrs. James Vincent
6. Mother's Maiden Name Wilkes
7. Mother's Birthplace Baltimore
8. Full Name of Father William Vincent
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other person who makes this Return. D. W. Sledge M.D.
- Address 320 E. Eager & Caroline Sts.
- Remarks

Return Record of Vital Statistics in the City of Baltimore.

^a That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55416

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 1st*
4. Place of Birth, (Street and Number) *No. 151 Spring St*
5. Full Name of Mother, *Mrs Laura Schroeder*
6. Mother's Maiden Name, *Zillinga*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm Schroeder*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Miss Gelyke*
- Address, *532 E Bond St*
- Remarks,

55417

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth. *1st day of May 1882*
4. Place of Birth (Street and Number) *No 229 Montgomery st.*
5. Full Name of Mother *Louisa Sandrock*
6. Mother's Maiden Name *Louisa Wagner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *W. Christian Sandrock*
9. Father's Occupation *Practicing Physician*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. Christian Sandrock M.D.*
- Address *229 Montgomery st.*
- Remarks

Apartment will please receive letter of return. - forgotten in the house.

Correct Record of Vital Statistics in the City of Baltimore.

X That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52418

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 1st 1882
4. Place of Birth (Street and Number) Baltimore 456 Chapel St.
5. Full Name of Mother Edith Brown
6. Mother's Maiden Name Edith Anthony
7. Mother's Birthplace Baltimore
8. Full Name of Father William Brown
9. Father's Occupation Business Engineer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. William H. H. H. H.
Address 711 Baltimore St.
Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 1884 19

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth May 1 1882

4. Place of Birth, (Street and Number) 81 Castle street

5. Full Name of Mother Mollie Jones

6. Mother's Maiden Name Mollie Green

7. Mother's Birthplace Baltimore

8. Full Name of Father George Jones

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore county

Name of Medical Attendant, or other Person who makes this Return Mary corner 153

Address Collington avenue

Remarks

RETURN OF A BIRTH 1884 20

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5420

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st May 1882

4. Place of Birth, (Street and Number)

Patia Chapel St - 10123

5. Full Name of Mother,

Barbra Korak

6. Mother's Maiden Name,

Bar Hayek

7. Mother's Birthplace,

Polonia

8. Full Name of Father,

Polon Korak

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Polonia

Name of Medical Attendant, or other Person who makes this Return

Mary Rappish

Address.

69 Washington St

Remarks,

Mary Rappish

Source: *Records of Vital Statistics in the City of Baltimore.*

"Think any physician, accouchon, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5/24/21

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 1 May

4. Place of Birth, (Street and Number) 1648 Lombard st

5. Full Name of Mother, Betty Davis

6. Mother's Maiden Name, " Schliner

7. Mother's Birthplace, Poland

8. Full Name of Father, David Davis

9. Father's Occupation, Boarding house

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa M. M. M.

Address, 45 Bland st

Remarks,

Corrected Record of Birth Statistics for the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

5492

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *May 1st 1882*
4. Place of Birth, (Street and Number) *113 E. Lombard st.*
5. Full Name of Mother, *Maggie Smith*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Smith*
9. Father's Occupation, *Bar-keeper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mrs. C. Bernstein* or other Person who makes this Return
- Address, *113 E. Lombard st.*
- Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd 1882
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) white
 3. Date of Birth May 1st 1882
 4. Place of Birth (Street and Number) 108 N. Central Ave
 5. Full Name of Mother Agnes Taylor
 6. Mother's Maiden Name Mc Cordell
 7. Mother's Birthplace Balto. City
 8. Full Name of Father Walter Taylor
 9. Father's Occupation Car Maker
 10. Father's Birthplace Philad^a Pa
 Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.
 Address 105 N. Central Avenue
 Remarks

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55424

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 1, 1882

4. Place of Birth, (Street and Number)

191 German St

5. Full Name of Mother,

Annie Kelly

6. Mother's Maiden Name,

Annie Jacobs

7. Mother's Birthplace,

Annapolis Maryland

8. Full Name of Father,

Charles Henry Kelly

9. Father's Occupation,

Shipping Clerk

10. Father's Birthplace,

Baltimore City Maryland

Name of Medical Attendant, or other Person who makes this Return

G. A. Kelly M.D.

Address,

108 E. Monument St

Remarks,

55425

Correct records of vital statistics in the City of Baltimore.

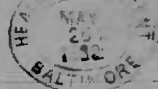
That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55425

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1st 1882

4. Place of Birth, (Street and Number) Edson St Baltimore

5. Full Name of Mother, Christina Pfaff Schmidt

6. Mother's Maiden Name, Christina Pfaff

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Schmidt

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary E. Shinn

Address, 171 N. Washington St

Remarks.

WM. J. G. DULANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

55426

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5426

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

48 Duncan Alley

4. Place of Birth, (Street and Number)

May, 1878

5. Full Name of Mother,

Agatha K. Bent

6. Mother's Maiden Name,

Agatha Rock

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Bent

9. Father's Occupation,

Barkeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary E. Harrison Midwife

Address,

48 P. Washington St.

Remarks.

55427

BALTIMORE CITY.

A circular ink stamp from the Baltimore Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center, the date "MAY 11 1962" is stamped.

132

Stinson

White

Maz167832

2698 Wolfe St

Leona Bernhard Ewens

Germany Lucia Benckhardt

Germany

John Ewa-

Lubover

German

Mary E. Kimball Medwife

#1010 Washington St

Remarks.

correct record of vital statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 55428

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 1886

4. Place of Birth, (Street and Number)

478 Canton St

5. Full Name of Mother,

Henrietta Kimmer

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Oxona

8. Full Name of Father,

George Kimmer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

1012 Patterson Park

Remarks,



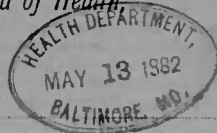
Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 554 29

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *May 1/82*
 4. Place of Birth (Street and Number) *474 Mulberry*
 5. Full Name of Mother *Grace M. Townsend*
 6. Mother's Maiden Name *Mortimer*
 7. Mother's Birthplace *Balto.*
 8. Full Name of Father *John O. Townsend*
 9. Father's Occupation *Clerk*
 10. Father's Birthplace *Balto.*
 Name of Medical Attendant, or other Person who makes this Return. *Thomas Opie M.D.*
 Address *39 S. Carey St*
 Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

15430

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 2nd 1882

4. Place of Birth (Street and Number)

49 N. Fremont St.

5. Full Name of Mother

Amelia Fredricks

6. Mother's Maiden Name

" Moll

7. Mother's Birthplace

Phila. Pa.

8. Full Name of Father

Eustav Fredricks

9. Father's Occupation

Barber

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Joseph Gibbons M.D.

Address

47 Edmundson Ave

Remarks

Register of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55431

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 2^d 1882

4. Place of Birth, (Street and Number)

No 3 Duane Alley,

5. Full Name of Mother,

Barbara Haas

6. Mother's Maiden Name,

" Breun

7. Mother's Birthplace,

city

8. Full Name of Father,

Carl Haas
Laborer

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz
120 Bank St.

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *5462*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 2*

4. Place of Birth, (Street and Number) *No 259 Bond St.*

5. Full Name of Mother, *Rosa Kamm*

6. Mother's Maiden Name, *" Goodman*

7. Mother's Birthplace, *Polen*

8. Full Name of Father, *Joseph Kamm*

9. Father's Occupation, *Merchant Tailor*

10. Father's Birthplace, *Polen*

Name of Medical Attendant, *Sophia Simon*
or other Person who makes this Return

Address, *No 70 Granby St.*

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5433

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 2nd 1892

4. Place of Birth, (Street and Number)

157 Pennsylvania St

5. Full Name of Mother,

Annie Stafford

6. Mother's Maiden Name,

Annie Legg

7. Mother's Birthplace,

England

8. Full Name of Father,

Derrick H. Stafford

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

Theodore Cook, M.D.

Address,

146 N. Anne St

Remarks,

RETURN OF A BIRTH.

5434

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c) 6
 sex (state whether Male or Female) Male
 race or Color (if not of the white race) Gold
 Date of Birth 2 - May
 Place of Birth (Street and Number) 48 Race St
 Full Name of Mother Lucy Morris
 Mother's Maiden Name Scott
 Mother's Birthplace Philadelphia Pa
 Full Name of Father George Morris
 Father's Occupation Laborer
 Father's Birthplace Middletown Del
 Name of Medical Attendant, or other Person who makes this Return. Anne Scott.
 Address No 68 Race St
 Remarks

Correct Record of Vital Statistics in the City of Baltimore.

X That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

55435

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*
 1. Sex (state whether Male or Female) *male*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *May 28 1882*
 4. Place of Birth (Street and Number) *718 N Bond st*
 5. Full Name of Mother *Mary A. Hall*
 6. Mother's Maiden Name *Cooby*
 7. Mother's Birthplace *Balto. Md.*
 8. Full Name of Father *Gen. W. Hall*
 9. Father's Occupation *Boiler Maker*
 10. Father's Birthplace *Balto. Md.*
 Name of Medical Attendant, or other Person who makes this Return. *M. B. Billings*
 Address *256 E John st*
 Remarks

Correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 55436

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 2nd 1892*
 4. Place of Birth, (Street and Number) *17 Harford Ave*
 5. Full Name of Mother, *Anna Clautier*
Anna Bloss
 6. Mother's Maiden Name, *Baltimore*
 7. Mother's Birthplace, *Wm Clautier*
 8. Full Name of Father, *Huckler*
Baltimore
 9. Father's Occupation, *Silas N Hunter M.D*
 10. Father's Birthplace, *36 Greenmount Ave*
 Name of Medical Attendant, or other Person who makes this Return
 Address
 Remarks

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15437

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 2 1892

4. Place of Birth, (Street and Number)

No 731, Eganore st

5. Full Name of Mother,

Mary C. Martin

6. Mother's Maiden Name,

Mary C. Pansmith

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John C. Martin

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Hinton

Address,

Near the corner of E. Calhoun & Patapasco

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

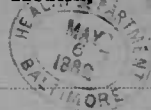
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2 of May 1892*

4. Place of Birth, (Street and Number) *No. 275 Charles St.*

5. Full Name of Mother, *Ernest Hagel*

6. Mother's Maiden Name, *Ernest Wagner*

7. Mother's Birthplace, *Baltimore, Baltimore Md.*

8. Full Name of Father, *Ernest Hagel*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Valeria Oriskany*

Address, *No. 128 West St*

Remarks.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2 May

4. Place of Birth, (Street and Number) 5 S. Central ave.

5. Full Name of Mother, Kate Wanzman

6. Mother's Maiden Name, Elitt

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Adolf Wanzman

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa M. M. M.

Address, 48 78 old and st

Remarks,

Missing
55440

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd Child
1. Sex, (state whether male or female).... Male
2. Race or Color, (if not of the white race).... White
3. Date of Birth,.... 2nd of May
4. Place of Birth, (Street and Number).... 29 E. Greene Street
5. Full Name of Mother,.... Maggie Brunner
6. Mother's Maiden Name,.... Maggie Hohmann
7. Mother's Birthplace,.... Baltimore County, Md.
8. Full Name of Father,.... Joseph Brunner Jr.
9. Father's Occupation,.... Horse Collar Maker
10. Father's Birthplace,.... Bavaria, Germany.
- Name of Medical Attendant, or other Person who make this Return.... Mr. J. J. J. J.
- Address,.... No. 10 E. Greene St.
- Remarks,

Wm. J. C. DUNHAM & CO.

RETURN OF A BIRTH 5442

55442

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4/4/99 2

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, Hessendamm Markt 2^d of May.
 4. Place of Birth, (Street and Number) Gilmer and Sunolaga St 696
 5. Full Name of Mother, Anny. M. Komoser
 6. Mother's Maiden Name, Anny. M. Hozy
 7. Mother's Birthplace, Europe Hessendamm Markt
 8. Full Name of Father, Geo. F. Komoser
 9. Father's Occupation, Shoe Maker
 10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, _____

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5443

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Girl 2

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 27 4th 1902

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Margaret Tucker

6. Mother's Maiden Name,

Allen

7. Mother's Birthplace,

Cambridge, Md

8. Full Name of Father,

Isaac Tucker

9. Father's Occupation,

White Washer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Connel

Address,

24 Boyd St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55444

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....5

1. Sex, (state whether male or female).....Boy

2. Race or Color, (if not of the white race).....African

3. Date of Birth,.....2nd May

4. Place of Birth, (Street and Number).....14 Arch st

5. Full Name of Mother,.....Eliza Brown

6. Mother's Maiden Name,.....Carruth

7. Mother's Birthplace,.....Howard Co. Md

8. Full Name of Father,.....Wm Brown

9. Father's Occupation,.....Laborer

10. Father's Birthplace,.....Howard Co. Md

Name of Medical Attendant, or other Person who makes this Return.....B. Carruth

Address,.....30 Arch st

Remarks,

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of said child or children.

RETURN OF A BIRTH.

55445

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

May 27 1882

4. Place of Birth (Street and Number)

27 Hill St

5. Full Name of Mother

Annie Gaster

6. Mother's Maiden Name

Coyle

7. Mother's Birthplace

Calcutta India

8. Full Name of Father

Summerfield Gaster

9. Father's Occupation

Capt of Boat

10. Father's Birthplace

Calcutta India

Name of Medical Attendant, or other Person who makes this Return.

C. A. Lewis

Address

16 S. Hanover St

Remarks

birth, his or her physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 55446

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 2, 1882

4. Place of Birth, (Street and Number)

289 291 S. Caroline St.

5. Full Name of Mother,

Anna Hook

6. Mother's Maiden Name,

" Miller

7. Mother's Birthplace,

Bath, Ind.

8. Full Name of Father,

Jacob W. Hook

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Bath, Ind.

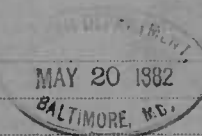
Name of Medical Attendant, or other Person who makes this Return

A. Hartman M.D.

Address

2305 S. Caroline St.

Remarks



sex, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 20 1882
BALTIMORE, M.D.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 2, 1882

4. Place of Birth, (Street and Number)

244 N. Ann St

5. Full Name of Mother,

Sarah Nettie Croten

6. Mother's Maiden Name,

Wells

7. Mother's Birthplace,

Bath, Md.

8. Full Name of Father,

David Jos. Croten

9. Father's Occupation,

Shipping clerk

10. Father's Birthplace,

Bath, Md.

Name of Medical Attendant, or other Person who makes this Return

Geo. A. Hartman, M.D.

Address,

2305 N. Caroline St.

Remarks.

RETURN OF A BIRTH.

55448

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the given name of the mother of such child or children.

RETURN OF A BIRTH.

55448

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 2nd 1882*
4. Place of Birth (Street and Number) *N. 131 E. Pratt St.*
5. Full Name of Mother *Mary Cunningham*
6. Mother's Maiden Name *Mary Long*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *George W. Cunningham*
9. Father's Occupation *Pharmacist*
10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Dr. S. L. Smith, M.D.
204 S. Broadway*

Sex, is or, their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5449

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Whirl

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 2/82

4. Place of Birth, (Street and Number)

342 W. Pratt

5. Full Name of Mother,

Annie M. Brennan

6. Mother's Maiden Name,

McGrath

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James Brennan

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

W. L. Spencer

Address

38 W. Lombard

Remarks

5450

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 55450

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) *Bois*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2 Mar*

4. Place of Birth, (Street and Number) *184 N. Dallas*

5. Full Name of Mother, *Maria Picha*

6. Mother's Maiden Name, *Penaska*

7. Mother's Birthplace, *Ulesie Bohemia*

8. Full Name of Father, *Wencesl Picha*

9. Father's Occupation, *Couch-maker*

Father's Birthplace, *Silesie Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Josephus Konrad*

Address *20 Roman St.*

Remarks.

Learn, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 55451

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 May

4. Place of Birth, (Street and Number) 22 Barnes

5. Full Name of Mother, Maria Marousch

6. Mother's Maiden Name, " Kuznik

7. Mother's Birthplace, Pilsen Bohemia

8. Full Name of Father, Vencel Marousch

9. Father's Occupation, Laborer

Father's Birthplace, Pilsen Bohemia

Name of Medical Attendant, or other Person who makes this Return Josefina Koznick

Address, 20 Barnes St

Remarks.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2.*

1. S. x, (state whether male or female) *Boys*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2 Mai*

4. Place of Birth, (Street and Number) *17. Stott*

5. Full Name of Mother, *Barbara Klinia*

6. Mother's Maiden Name, *Vondraich*

7. Mother's Birthplace, *Reykovic Bohemia*

8. Full Name of Father, *Franz Klinia*

9. Father's Occupation, *Labourer*

Father's Birthplace, *Sokolow Bohemia*

Name of Medical Attendant, *Josephine Konrad*

or other Person who
makes this Return

Address *128 Barnes St*

Remarks

RETURN OF A BIRTH *54453*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 20

4. Place of Birth, (Street and Number)

115 Madison St

5. Full Name of Mother,

Julia M. Kelly

6. Mother's Maiden Name,

Julia Flynn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry M. Kelly

9. Father's Occupation,

Porter

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

L. Hadden

Address,

120 Greenmount Ave

Remarks,

of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Name: Clarence A. Hiedebant



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

White
May 3/82
791 Park St.
Charles A. Hiedebant
" " Horrester
Balt. Md
Herman G. Hiedebant
Tanner
Balt. Md
D. L. Spear
357 N. Lombard

State, age or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *524VS*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *May 3rd*
5. Place of Birth, (Street and Number) *574 S. Charles St.*
6. Full Name of Mother, *Mrs. Sophia Greenlee Henke*
7. Mother's Maiden Name, *Bollinger*
8. Mother's Birthplace, *Algeria*
9. Full Name of Father, *Algeria Greenlee*
10. Father's Occupation, *Barkeeper*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes the Return *Mrs. Hetzke*
- Address, *16 S. Bond St.*
- Remarks, _____

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 55456

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May, 3rd 1882

4. Place of Birth, (Street and Number)

Baltimore Scott St. No. 28

5. Full Name of Mother,

Elizabeth Linton

6. Mother's Maiden Name,

Goodman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Linton

9. Father's Occupation,

Shoemaker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkman St.

Remarks.



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 55467

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Females

2. Race or Color, (if not of the white race) White

3. Date of Birth, May. 3^d 1882

4. Place of Birth, (Street and Number) Baltimore Parkin St. N. 81

5. Full Name of Mother, Mary. Trapp.

6. Mother's Maiden Name, Sickelengels

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Herman. Trapp.

9. Father's Occupation, Laborer

Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, N. 81 Parkin St

Remarks, Twins

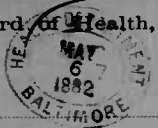
of the parents, and the maiden name of the mother of such child or children."

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55458

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 30 1882
4. Place of Birth, (Street and Number) No 5 Marshall Ave
5. Full Name of Mother, Mary Ernest
6. Mother's Maiden Name, Mary Penn
7. Mother's Birthplace, Montgomery Co and
8. Full Name of Father, Elliott Ernest
9. Father's Occupation, Laborer
- Father's Birthplace, Perry Co Pa
- Name of Medical Attendant, Elliott H Hinton
or other Person who makes this Return
- Address, Catonsville street near House near North
- Remarks, _____

DELANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

55459

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5459

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 of May

4. Place of Birth, (Street and Number)

No. 2 Weber St

5. Full Name of Mother,

Henry Snider

6. Mother's Maiden Name,

Henry Feig

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Snider

9. Father's Occupation,

Silver Smith

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return

Salina Snider

Address,

No. 125 West 8

Remarks,

RETURN OF A BIRTH, 5460

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth ch

1. Sex (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

W
May 3^d 1882
St. Green Mt. Avenue
Elyz. Toddfield
Elizabeth Buggan
Balto Md
Henry C Toddfield
undertaker
Balto Md
J. H. Patterson M.D.
23 Franklin

RETURN OF A BIRTH *55461*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 22d 1882.*
4. Place of Birth, (Street and Number) *No. 305 N. Grant St.*
5. Full Name of Mother, *Leresa Heath*
6. Mother's Maiden Name, *Bull*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Wadden*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *H. V. Bull*
Address, *No. 185 E. E. cor. Central av. & Monument St.*
Remarks, *See Bull*

RETURN OF A BIRTH

5462

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3 of May 1882

4. Place of Birth, (Street and Number)

Essex St

5. Full Name of Mother,

6. Mother's Maiden Name,

Rica Yuncom

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew Evans

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

15 R. Patterson Park Ave

Remarks,



CITY PRINTING AND STATIONERS

RETURN OF A BIRTH

5463

RETURN OF A BIRTH 55463

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *3d*

4. Place of Birth, (Street and Number) *No. 6 Blind Tobaccoy Court*

5. Full Name of Mother, *Ellen Johnson*

6. Mother's Maiden Name, *Baltimore*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fish Dealer*

9. Father's Occupation, *Poplar*

10. Father's Birthplace, *George F. White*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 1009 Sarah Street*

Remarks,

RETURN OF A BIRTH *5464*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 3^d 1882.

4. Place of Birth, (Street and Number)

1441 E. Biddle St., Ext. 1

5. Full Name of Mother,

Elmira Lucilla Brown

6. Mother's Maiden Name,

Elmira Lucilla Norfolk

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

George Wm. Brown

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Link

Address,

E. Hoffman St. & Line Bank Lane

Remarks,

Living

RETURN OF A BIRTH

55465

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) male and female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 3rd 1882

4. Place of Birth, (Street and Number) 72 Harrison st.

5. Full Name of Mother, Amelia Shreiber

6. Mother's Maiden Name, Alice

7. Mother's Birthplace, Europe

8. Full Name of Father, Max Shreiber

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 113 E. Lombard st.

Remarks,

RETURN OF A BIRTH 55466

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

10. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Son
 1. Sex, (state whether male or female) Mädchen
 2. Race or Color, (if not of the white race) Weiss
 3. Date of Birth, geboren den 3^{ten} März
 4. Place of Birth, (Street and Number) St. Plätt Brunnstr.
 5. Full Name of Mother, Math. Sommer
 6. Mother's Maiden Name, Poltiner
 7. Mother's Birthplace, Augsburg
 8. Full Name of Father, Johann Baptist
 9. Father's Occupation, Buchbinder
 10. Father's Birthplace, Reutlingen
 Name of Medical Attendant, or other Person who makes this Return, Friedrich R. Bausmann
 Address, St. Plätt, S. Gallen Str.
 Remarks, Heime

RETURN OF A BIRTH 55467

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) *2nd*
 2. Race or Color, (if not of the white race) *Male*
 3. Date of Birth, *White*
 4. Place of Birth, (Street and Number) *Wednesday May 3rd 1882*
 5. Full Name of Mother, *311 Eastern Ave*
 6. Mother's Maiden Name, *Amie Stevens*
 7. Mother's Birthplace, *Amie Rogers*
 8. Full Name of Father, *Baltimore Md*
 9. Father's Occupation, *Charles Stevens*
 10. Father's Birthplace, *Employer of the P. W. & B. R. R.*
 Name of Medical Attendant, or other Person who makes this Return *Pennsylvania*
 Address, *Wilmer Brinton M.D.*
 Remarks, *257 Government Ave*
Very Presentation



RETURN OF A BIRTH 55468

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) white

4. Date of Birth, May 3 1882

5. Place of Birth, (Street and Number) 94 Myrtle Avenue

6. Full Name of Mother, Elizabeth Bue

7. Mother's Maiden Name, Stewart

8. Mother's Birthplace, Scotland

9. Full Name of Father, Harry Bell

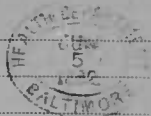
10. Father's Occupation, Merchant

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Tharbury Brewer M.D.

Address, 65 McCulloch St.

Remarks,



RETURN OF A BIRTH

55469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother. (state whether 1st, 2d, 3d, &c.)

first.

2. Sex, (state whether male or female)

boy

3. Race or Color, (if not of the white race)

4. Date of Birth.

3 May

5. Place of Birth, (Street and Number)

Point Laine 8-1

6. Full Name of Mother.

Marie Saulhaber

7. Mother's Maiden Name.

Marie Pfaffenbach

8. Mother's Birthplace.

Baltimore

9. Full Name of Father.

Andres Saulhaber

10. Father's Occupation.

Carpenter

11. Father's Birthplace.

Germanie

Name of Medical Attendant,

or Other Person who makes this Return

Anna Walter midwife

Address,

Eager Street 239.

Remarks,

RECEIVED BY THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS

PRINTED AND STATIONERS

RETURN OF A BIRTH

55469

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

5470

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6. 1st

Male

White

4. 1st of May 1882

150 Madison St

Mary Rock

Giese

Germany

Charles Rock

Sabra

Germany

Mrs. Wiley

No 12. Patterson Park

Born at 3 and Died at 11.5 March child



CITY PRINTER AND STATIONER

RETURN OF A BIRTH

5471

RETURN OF A BIRTH

55471

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st of May 1882

4. Place of Birth, (Street and Number)

Addr. W. Smith

5. Full Name of Mother,

M. Coffey

6. Mother's Maiden Name,

84 Benson St.

7. Mother's Birthplace,

Balto. Cit.

8. Full Name of Father,

J. M. Smith

9. Father's Occupation,

Agent.

10. Father's Birthplace,

Balto. Cit.

Name of Medical Attendant, or other Person who makes this Return

May Wala

Address,

125 N. Calver

Remarks,

RETURN OF A BIRTH 55472

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *May 4th 1882*
 4. Place of Birth, (Street and Number) *160 Sharp st*
 5. Full Name of Mother, *Lena Juhn*
 6. Mother's Maiden Name, *Lena Steifel*
 7. Mother's Birthplace, *Balt Md*
 8. Full Name of Father, *Max Juhn*
 9. Father's Occupation, *Shirt Manufacturer*
 10. Father's Birthplace, *Balt Md*
 Name of Medical Attendant, or other Person who makes this Return *Phedora Cook M.D.*
 Address, *146 Landon St*
 Remarks,



to be filled out by the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH 55473

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Born May 1st 1882*
4. Place of Birth, (Street and Number) *549 East Fayette Street*
5. Full Name of Mother, *Matilda Helen Hall*
6. Mother's Maiden Name, *Waller*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Joseph M. Hall*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *was Mary E. Sims*
or other Person who makes this return
- Address, *171 N. Howard St.*
- Remarks.

RETURN OF A BIRTH *55474*

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May 10 1892.*

4. Place of Birth, (Street and Number) *Balt. City Number 301 West-Biddle St*

5. Full Name of Mother, *Rebecca Ann Gibson*

6. Mother's Maiden Name, *Rebecca Ann Lomax*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Jacob Edgar Jacob Tilghman Gibson*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, *or other person who makes this return.* *Miss Mary Chew.*

Address, *N. 2 10 Penn alle.*

Remarks,

RETURN OF A BIRTH 5475

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 4 1882*
4. Place of Birth, (Street and Number) *4 Polkman St*
5. Full Name of Mother, *Mary Buffs*
6. Mother's Maiden Name, *Mrs. Simler*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm. Buffs*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who make this return *Mrs. E. Gray*
- Address, *193 Chesapeake St*
- Remarks,

RETURN OF A BIRTH, 55476

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth May the 4. 1882

4. Place of Birth, (Street and Number) 50 No. Woodward Street

5. Full Name of Mother Elara Johnson

6. Mother's Maiden Name Elara McIlhenny

7. Mother's Birthplace Baltimore Maryland

8. Full Name of Father Edward Johnson

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this return. Mr. Carroll

Address Baltimore Avenue

Remarks _____

Complete, whether full term or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May the 4th*
4. Place of Birth, (Street and Number) *118 Fayette st*
5. Full Name of Mother, *Wilhelmina Helmer*
6. Mother's Maiden Name, *König*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Helmer*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Sophia Simon*
- Address,
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 2

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 11/82

4. Place of Birth (Street and Number)

62 Eastern St.

5. Full Name of Mother

Augusta Hilse

6. Mother's Maiden Name

7. Mother's Birthplace

Germany

8. Full Name of Father

August Hilse

9. Father's Occupation

Carpenter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. Gronowicz

Address

415 Lisquith St.

Remarks

Child well developed and healthy

RETURN OF A BIRTH *55479*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether 1st, 2d, 3d, &c.)

Female
Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 4 '82

4. Place of Birth, (Street and Number)

189 N. Dulles St.

5. Full Name of Mother,

Mary E. Howard

6. Mother's Maiden Name,

Kear

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Reighman E. Howard

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Howell

Address, *186 N. Longport*

Remarks,



RETURN OF A BIRTH

5480

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 1st

4. Place of Birth, (Street and Number)

Casale St

5. Full Name of Mother,

Mary S. Rosellen

6. Mother's Maiden Name,

Mary Burke

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Rosellen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Mary E. Quinn, M.D.

Address,

171 S. Washington St.

Remarks,

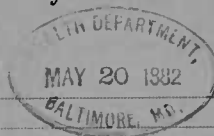
of the father, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

RETURN OF A BIRTH.

55481

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ind.

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 4th/82

4. Place of Birth (Street and Number)

86 Lenox Alley - Balt. City

5. Full Name of Mother

Annice S. Pres

6. Mother's Maiden Name

Turner

7. Mother's Birthplace

Huddersfield - England

8. Full Name of Father

George Turner

9. Father's Occupation

Carpenter

10. Father's Birthplace

Huddersfield - England

Name of Medical Attendant, or other Person who makes this Return.

Leticia Plome

Address

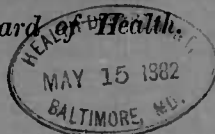
409. North Gay St. Balt. City

Remarks

born, whether born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 55482

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 ⁶/₄

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 4th 1882

4. Place of Birth, (Street and Number) # 378 Chase St.

5. Full Name of Mother Parathia Stinger

6. Mother's Maiden Name Parathia Heth

7. Mother's Birthplace Germany

8. Full Name of Father George Stinger

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address 182. O Monument St. Lina H. Huggins

Remarks

RETURN OF A BIRTH 55483

RETURN OF A BIRTH, 55483

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

May 1882

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

May 4th 1882

4. Place of Birth, (Street and Number)

62 Lee

5. Full Name of Mother

Kitty Kirwan

6. Mother's Maiden Name

Edmunds

7. Mother's Birthplace

Ind

8. Full Name of Father

John Kirwan

9. Father's Occupation

Captain of vessel

Father's Birthplace

Brockton Co. Ind

Name of Medical Attendant, or other Person who makes this Return.

H. W. Webster M.D.

Address

Remarks

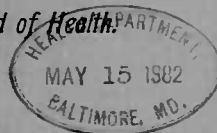
name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55484

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race).

White

3. Date of Birth

May 4th

4. Place of Birth (Street and Number)

218 Female St.

5. Full Name of Mother

Mary L. Boyd

6. Mother's Maiden Name

" " Dempsey

7. Mother's Birthplace

Balt.

8. Full Name of Father

Joseph B. Boyd

9. Father's Occupation

B

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

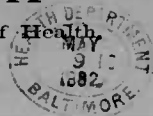
Address

Remarks

RETURN OF A BIRTH

55488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1 child

2. Sex, (state whether male or female)...

female

3. Race or Color, (if not of the white race)...

white

4. Date of Birth,

65 Burke St

5. Place of Birth, (Street and Number)

May 4th 1882

6. Full Name of Mother,

Mrs Sallie C. Garrett

7. Mother's Maiden Name,

Miss Sallie C. Parsons

8. Mother's Birthplace,

Baltimore City

9. Full Name of Father.

Mr James A. Garrett.

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return

Mrs Rachel A. Garrett.

Address,

No 65 Burke St.

Remarks,

RETURN OF A BIRTH 55486

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *May 4th 1882*
4. Place of Birth, (Street and Number) *No. corner Randell & Race*
5. Full Name of Mother, *Melina Richardson*
6. Mother's Maiden Name, *Melina Miller*
7. Mother's Birthplace, *Balt city, mo*
8. Full Name of Father, *John R. Richardson*
9. Father's Occupation, *Labourer*
10. Mother's Birthplace, *Balt city, md*
- Name of Medical Attendant, or other Person who makes this Return, *Elyabith Hintan*
- Address, *on Fatapeca near Theatre*
- Remarks,

RETURN OF A BIRTH ⁵⁴⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child. Twins.*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 20. 1882*

4. Place of Birth, (Street and Number) *Alice Ann St. 191*

5. Full Name of Mother, *Mary Rets*

6. Mother's Maiden Name, *Mary Schneider*

7. Mother's Birthplace, *Salzburg, R. Prussia Germany*

8. Full Name of Father, *Johann Rets*

9. Father's Occupation, *Brewer*

10. Father's Birthplace, *Chausen, R. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *1212 N. 1st St.*

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- 43
- 55488
1. Sex, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) Jewish
4. Date of Birth, 4 May
5. Place of Birth, (Street and Number) 10 Thompson
6. Full Name of Mother, Carrie Dannenberg
7. Mother's Maiden Name, " Strass Strass
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Louis Dannenberg
10. Father's Occupation, Horse and cattle dealer
11. Father's Birthplace, Luxemburg Germany
12. Name of Medical Attendant, Mrs. Rosa Nibby
or other Person who makes this Return
13. Address, 480 Holland
14. Remarks, 21
Birth

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Born on the 4th of May 1882

4. Place of Birth, (Street and Number)

125 Lemon St.

5. Full Name of Mother

Mrs. Volkmers

6. Mother's Maiden Name

Mrs. Schmeers

7. Mother's Birthplace

born in Stuttgart Germany

8. Full Name of Father

Herman Volkmers

9. Father's Occupation

Stone Marker

10. Father's Birthplace

born in Stuttgart Germany

Name of Medical Attendant,

or other Person who makes this return.

Mrs. Heller

Address

1017 N. Pratt St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH, 55490

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth May 4th 1882
 4. Place of Birth, (Street and Number) 21 Salem St.
 5. Full Name of Mother Virginia A. Williams
 6. Mother's Maiden Name Simonds
 7. Mother's Birthplace Washington D.C.
 8. Full Name of Father Wm. B. Williams
 9. Father's Occupation Bookster
 Father's Birthplace Maryland
 Name of Medical Attendant, or other Person who makes this Return. W. H. Christian M.D.
 Address 431 Reine Ave
 Remarks _____

name of the mother of such child or children.

RETURN OF A BIRTH 55491

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 4, 1882*

4. Place of Birth, (Street and Number) *No 489 W Pratt Str.*

5. Full Name of Mother, *Elisabetha Donnelly*

6. Mother's Maiden Name, *Wiemer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Donnelly*

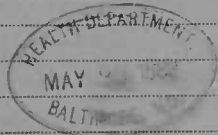
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Washington D. C.*

Name of Medical Attendant, *Mrs. Katharine Seebach*
or other Person who makes this Return

Address, *No 439 W. Pratt Str.*

Remarks,



PRINTERS AND STATISTICAL

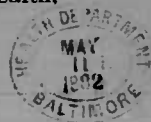
RETURN OF A BIRTH 55492

RETURN OF A BIRTH

55492

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

5 May 1892

4. Place of Birth, (Street and Number)

Benedict Street no 34

5. Full Name of Mother,

Elizabeth Emrite

6. Mother's Maiden Name,

Kellog

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Emrite

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm Wiley

Address,

No 1 Patterson Park A

Remarks,

RETURN OF A BIRTH 55493

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, (Etc.) 1st

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, 1 June 1882

5. Place of Birth, (Street and Number) Bow May 3rd 1882

6. Full Name of Mother, Mary Henry Dr'nelly

7. Mother's Maiden Name, Mary Henry

8. Mother's Birthplace, Ireland

9. Full Name of Father, Patrick Henry Dr'nelly

10. Father's Occupation, Laborer

11. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return Mrs Mary C. Simms

Address, 171 St. Washington St

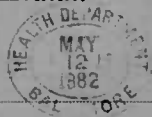
Remarks,

RETURN OF A BIRTH.

5494

to the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Age of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (whether male or female) Male

Color (if not of the white race) White

Place of Birth the fifth of May

Birth (Street and Number) 52 West Pratt St

Name of Mother Henrietta Wolff

Maiden Name Henrietta Schaeffer

Birthplace Baltimore Md

Name of Father Gustav Wolff

Occupation Machinist

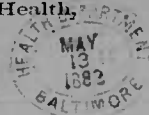
Place of Birth Berlin Prussia

Medical Attendant, or other Person who makes this Return. Mrs. Schaeffer

RETURN OF A BIRTH 55495

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Single
Married*

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *156 N. Lombard St.*

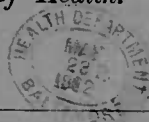
Remarks,

*May 5. '82
410 N. Gay St.
Eleanor Thomas
Germantown
Baltimore
Wm. Thomas
Labourer
Baltimore
Mary A. Howell*

RETURN OF A BIRTH, 55496

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 5 1882

4. Place of Birth, (Street and Number) 11 Clermont St.

5. Full Name of Mother Cattani's M. Bride

6. Mother's Maiden Name Kaler

7. Mother's Birthplace Balt.

8. Full Name of Father Shipain M. Bride

9. Father's Occupation Saluman

Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this return. Edward P. McDevitt

Address 54 Aspinwall St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH. 55497

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd This Child
1. Sex (state whether Male or Female) Male—
2. Race or Color (if not of the white race) white
3. Date of Birth May 5th 1882
4. Place of Birth (Street and Number) 134 Hanford Ave
5. Full Name of Mother Mary Ann Kelly
6. Mother's Maiden Name Mary Ann Colford
7. Mother's Birthplace Baltimore
8. Full Name of Father Patrick Kelly
9. Father's Occupation Moulder & Brass Finisher
10. Father's Birthplace Dublin
- Name of Medical Attendant, or other Person who makes this Return. C. F. Brown M.D.
- Address 241 Linden Ave
- Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57498

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
 1. Sex, (state whether male or female) 1. The male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, May the 5th 1882
 4. Place of Birth, (Street and Number) 45 parish St Bal
 5. Full Name of Mother, Ellen Gayer
 6. Mother's Maiden Name, Ellen Thering
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, John Gayer
 9. Father's Occupation, Blacksmith
 10. Father's Birthplace, Philadelphia
 Name of Medical Attendant, or other Person who makes this Return Alfred S. Kelley
 Address 1922 Pratt St Bal
 Remarks

RETURN OF A BIRTH 55499

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. Child of Mother. (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race)

3. Date of Birth, May 5th

4. Place of Birth, (Street and Number) Eager Street No 296 254

5. Full Name of Mother, Marie Heilmann

6. Mother's Maiden Name, Marie Reising

7. Mother's Birthplace, Germanic

8. Full Name of Father, Joseph Heilmann

9. Father's Occupation, mason

10. Mother's Birthplace, Germanic

Name of Medical Attendant, or other Person who makes this Return Anna Walter midwife

Address, Eager Street No 296

Remarks,

RETURN OF A BIRTH *55500*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 5.*
4. Place of Birth, (Street and Number) *38. Abbeys ally*
5. Full Name of Mother, *Laura Nash*
6. Mother's Maiden Name, *Marguer*
7. Mother's Birthplace, *Western Shore*
8. Full Name of Father, *Joseph Nash*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mrs. Wm Nash*
or other Person who makes this Return.
- Address,
- Remarks,

RETURN OF A BIRTH 5501

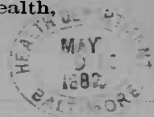
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 5 1882
4. Place of Birth, (Street and Number) 68 Burgandy ally
5. Full Name of Mother, Mary Gray
6. Mother's Maiden Name,
7. Mother's Birthplace, Accomac County Virginia
8. Full Name of Father, Wesley Gray
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Deborah Thomas
- Address, 71 Burgandy ally
- Remarks,

RETURN OF A BIRTH *5502*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. *2* Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 5th 1882*
 4. Place of Birth, (Street and Number) *Chester St. near Bank*
 5. Full Name of Mother, *Mrs. Julia Greeley*
 6. Mother's Maiden Name, *Miss Julia L. Lundy*
 7. Mother's Birthplace, *Ireland*
 8. Full Name of Father, *Thomas Greeley*
 9. Father's Occupation, *Labourer*
 10. Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Rachel A. Garrett*
 Address, *No. 65 Burke St.*
 Remarks,

RETURN OF A BIRTH *55503*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. *1st* Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 5th 1882*
 4. Place of Birth, (Street and Number) *1411 Hudson St.*
 5. Full Name of Mother, *Mrs. Louisa Thorn*
 6. Mother's Maiden Name, *Miss Louisa Crecgh*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *William Thorn*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Rachel A. Garrett,*
 Address, *1411 Hudson St.*
 Remarks,

RETURN OF A BIRTH.

55504

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *6-*
4. Place of Birth (Street and Number) *653 Stockholm st*
5. Full Name of Mother *Sarah Elizabeth Chambers*
6. Mother's Maiden Name *...*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frank Darrell*
9. Father's Occupation *Seaman*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Lusina Mills*
- Address *Stockholm st 22*
- Remarks *doing well*

RETURN OF A BIRTH

55505

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 3-7-02

4. Place of Birth, (Street and Number)

136 1/2 Madison St

5. Full Name of Mother,

Anna M King

6. Mother's Maiden Name,

Anna M Sawyer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr R King

9. Father's Occupation;

Clerk

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J H Miller M.D.

Address,

121 W. Monument St

Remarks,

RETURN OF A BIRTH. 5506

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) white
 3. Date of Birth May 5 - 1882 -
 4. Place of Birth (Street and Number) 214 Pierce St.
 5. Full Name of Mother Alice M. Kinnin
 6. Mother's Maiden Name A. M. Bassap -
 7. Mother's Birthplace Balto. Md -
 8. Full Name of Father Geo. W. Kinnin
 9. Father's Occupation Brass Finisher
 10. Father's Birthplace Balto. Md -
 Name of Medical Attendant, or other Person who makes this Return John J. Kinnin
 Address 215 N. Carroll St.
 Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55807

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

4th

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 5, 1882

4. Place of Birth, (Street and Number)

Portugal St. No. 1

5. Full Name of Mother,

Anna Pfeffer

6. Mother's Maiden Name,

Wasserman

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Julius Pfeffer

9. Father's Occupation,

Wagon-maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Wm. L. B. B. B. B.

Address,

101 W. 1st St.

Remarks,

Good sample

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *5550P*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *May 5/1912*
4. Place of Birth, (Street and Number) *1914 (Conrad Ave)*
5. Full Name of Mother, *Katie Kremer*
6. Mother's Maiden Name, *Sweitzer*
7. Mother's Birthplace, *MD*
8. Full Name of Father, *Conrad Kremer*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *MD*
- Name of Medical Attendant, *J. H. Miller M.D.*
or other Person who makes this Return
- Address, *87 Museum St*
- Remarks, _____



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55509

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 5th 1882

4. Place of Birth, (Street and Number)

Baltimore Myrtle St. No. 6.

5. Full Name of Mother,

Annie Bogan

6. Mother's Maiden Name,

Worley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Bogan

9. Father's Occupation,

Lab.

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 38 Parkin St.

Remarks,

RETURN OF A BIRTH 55510

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 5*

4. Place of Birth, (Street and Number) *N. 9 Jackson Square*

5. Full Name of Mother, *Sarah S. Macneal*

6. Mother's Maiden Name, *Sarah S. Burgess*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *James B. Macneal*

9. Father's Occupation, *Oil Merchant*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return

Robert Amthor junior M.D.

Address, *121 N. Broadway*

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 5 May

4. Place of Birth, (Street and Number) 162 N. Easter st

5. Full Name of Mother, Sallie Damm

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Damm

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Mary

Address, 48 E. Baltimore st

Remarks,

RETURN OF A BIRTH

5512

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Weiß

3. Date of Birth,

geboren den 5ten März

4. Place of Birth, (Street and Number)

Nº 210 Alexander Str

5. Full Name of Mother,

Elätt Wegley

6. Mother's Maiden Name,

Elätt Rieß

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lehr Wegley

9. Father's Occupation,

Rapper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Friederike Hausmann

Address,

Nº 202 E. Fallers Str

Remarks,

Heim

RETURN OF A BIRTH *5513*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 6th. 1882*

4. Place of Birth, (Street and Number) *No. 104 E. Monument St.*

5. Full Name of Mother, *Barbara Burk*

6. Mother's Maiden Name, *Barbara Boon*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward Burk*

9. Father's Occupation, *Householder*

10. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, *H. L. Bull.*
or other Person who makes this return

Address, *No. 185 E. E. cor. Monument St.*

Remarks, *Well*



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 55514

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 6 1882

4. Place of Birth, (Street and Number) 72 St. Paul St.

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

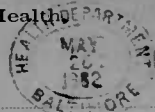
Address 54 Cassin St.

Remarks Dr. I did not state name as the party did not wish it known. Would also call your attention to Water Clerk at 40 Cassin St. which has been running over for several months.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address.

Remarks.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5216

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 15 1883

4. Place of Birth (Street and Number)

108 Reservoir St

5. Full Name of Mother

Ellen E. Rutledge

6. Mother's Maiden Name

" " Routhan

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

E. Hall Rutledge

9. Father's Occupation

Medical. Dr.

10. Father's Birthplace

Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

E. H. Rutledge

Address

107 Reservoir St

Remarks

RETURN OF A BIRTH 5517

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



4th
Male
White
May 6th 1882
338 W. Bond St
Sarah. W. Blue
.. .. Abraham
Baltimore City
M. W. Blue
Clerk
Baltimore City
Mary. W. Blue
13 E. N. Calverline

RETURN OF A BIRTH 5518

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *May 6 1882*
4. Place of Birth, (Street and Number) *110 Register St*
5. Full Name of Mother, *Luisia Hill*
6. Mother's Maiden Name, *Luisia Love*
7. Mother's Birthplace, *Southampton Virginia*
8. Full Name of Father, *Israhim Hill*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *South of West Carolina*
- Name of Medical Attendant, or other Person who make this Return *Lucinda Woodford*
- Address, *130 Register St*
- Remarks,



and, in case of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5519

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d



1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6, 1882
4. Place of Birth, (Street and Number) 1124
5. Full Name of Mother, Sarah E. Birch
6. Mother's Maiden Name, Sarah E. Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel J. Birch
9. Father's Occupation, Broker
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this return Mary E. Miller
- Address, 1124
- Remarks, _____

RETURN OF A BIRTH 5520

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 6 May
4. Place of Birth, (Street and Number) 128 Spring st.
5. Full Name of Mother, Isabel Oppenheimer
6. Mother's Maiden Name, Lowenthal
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Sam Oppenheimer
9. Father's Occupation, Salesman
10. Father's Birthplace, France
- Name of Medical Attendant, Mrs Rosa Albright
or other Person who makes this Return
- Address, 48 Highland
- Remarks, et



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First
Male
May 6th, 1892

55 South Fremont

Elizaveth Bayham

Elizaveth Bayham

St. Petersburg, Russia

Patrick D. Bayham

Shoe Maker

King's County, Ireland

Cathern Cross

79 S. Fremont St

Card, use of their physical condition, whether ill, and of any, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55522

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *May 6th*

4. Place of Birth (Street and Number) *13 Stockholm St*

5. Full Name of Mother *Sarah Parker*

6. Mother's Maiden Name *Sarah Chew*

7. Mother's Birthplace *Colbert county*

8. Full Name of Father *John Parker*

9. Father's Occupation *laborer*

10. Father's Birthplace *Colbert county*

Name of Medical Attendant, or other Person who makes this return *Charity M. Boulder*

Address *13 Stockholm St*

Remarks

RETURN OF A BIRTH ✓✓✓ 26

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 1st 1892*
 4. Place of Birth, (Street and Number) *12 Greenmount Ave*
 5. Full Name of Mother, *Maggie Raper*
 6. Mother's Maiden Name, *Maggie Featherston*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Singleton Raper*
 9. Father's Occupation, *Coach Painter*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, *or other Person who makes this Return* *Edgar W. Hunter M.D.*
 Address *36 Greenmount Ave*
 Remarks

RETURN OF A BIRTH

5524

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth, May 6 1882

5. Place of Birth, (Street and Number) Monument Court 5

6. Full Name of Mother, Regina Fischer

7. Mother's Maiden Name, Mary

8. Mother's Birthplace, Balt.

9. Full Name of Father, Conrad Fischer

10. Father's Occupation, Tinner

11. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. L. B. Koushick

Address, 217 W. 1st St. No 14

Remarks, Mrs. Dwyer

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

male
white
May 6th
No 118 Hughes St
Ellen S. Keaton
" " Taylor
City
John C. Keaton
Coppersmith
City
J. B. Beach M.D.
151 N. Avenue St.

RETURN OF A BIRTH.

55526

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth

May 6th 1882

4. Place of Birth (Street and Number)

Vincent Street near Baltimore

5. Full Name of Mother

Mary Jane Smith

6. Mother's Maiden Name

Mary Jane Savage

7. Mother's Birthplace

Easton Shore, Va

8. Full Name of Father

John Smith

9. Father's Occupation

Laborer

10. Father's Birthplace

Easton Shore, Va

Name of Medical Attendant, or other Person who makes this Return.

Martha Moore midwife

Address.

No 7 Stockton Alley near Franklin

Remarks

All well and doing well

name of the mother of such child or children.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

May 6th

4. Place of Birth, (Street and Number)

Baltimore City 23 Penn alley

5. Full Name of Mother,

Mary Dick

6. Mother's Maiden Name,

Mary Jones

7. Mother's Birthplace,

East River Shore Virginia

8. Full Name of Father,

East River Shore Virginia

9. Father's Occupation,

Letter Box

10. Father's Birthplace,

East River Shore

Name of Medical Attendant,

or other Person who
makes this Return.

Mary Jones

Address,

10 Penn alley

Remarks,

All well

RETURN OF A BIRTH 5528

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Saturday May 6th 1882

4. Place of Birth, (Street and Number)

80 Chew St.

5. Full Name of Mother

Susie E. Share

6. Mother's Maiden Name,

Susie E. Mustard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Arthur Share

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

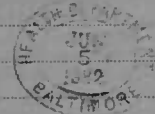
William Brinton M.D.

Address,

25 1/2 Chew St.

Remarks,

Verly Presentation



RETURN OF A BIRTH.

5529

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Name of Mother (state whether 1st, 2d, 3d, &c.)

Whether Male or Female) *male*

Color (if not of the white race) *colored*

Birth *May 6th 1889*

Birth (Street and Number) *no 4 hounds ct*

Name of Mother *Sarah Bennitt*

Maiden Name *Sarah Williams*

Birthplace *St Marys Co*

Name of Father *Stephen Bennitt*

Occupation *Saddling*

Birthplace *St Marys Co*

Medical Attendant, or other Person who makes this Return. *pinie spell*

209 South Howard St

like you well

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5530

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

May 6th '92

4. Place of Birth (Street and Number)

#72 Cross St.

5. Full Name of Mother

Maggie E. Jones

6. Mother's Maiden Name

Maggie E. Turner

7. Mother's Birthplace

Maryland

8. Full Name of Father

George Jones

9. Father's Occupation

Laborer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. Peter Smith M.D.
321 Barrer St.

Address

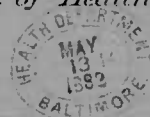
Remarks

Natural & Easy Labor

RETURN OF A BIRTH

5531

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12 child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

6. of. may

4. Place of Birth, (Street and Number)

403 alice.anna street

5. Full Name of Mother,

Annie Judd

6. Mother's Maiden Name,

Annie Higgins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Judd

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Maria L. Swartz

Address,

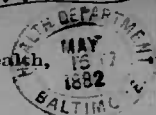
67 Myrtle St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

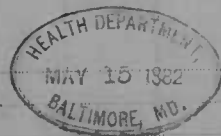


- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6th 1882
4. Place of Birth, (Street and Number) 287 McHenry St Bal
5. Full Name of Mother, Heatey Hunter
6. Mother's Maiden Name, Heatey Allager
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Joseph Hunter
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs J. F. Hunter
- Address, 282 Pratt St Bal
- Remarks,

RETURN OF A BIRTH

15533

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female).... *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May 6th*

4. Place of Birth, (Street and Number) *111 South Caroline st.*

5. Full Name of Mother, *Sarah Ann Moore*

6. Mother's Maiden Name, *" " " " " " S. Hap*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *James Moore*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Hannah Knowles 136 S. Caroline

Address,

Remarks,

RETURN OF A BIRTH 5534

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. ● Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May 7th 1902*

4. Place of Birth, (Street and Number) *53 N. E. Avenue St.*

5. Full Name of Mother, *Julia Butler*

6. Mother's Maiden Name, *Julia Jones*

7. Mother's Birthplace, *Back Md*

8. Full Name of Father, *George Butler*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Back Md*

Name of Medical Attendant, or other Person who makes this Return *Dr. Geo. W. Hadden*

Address, *15 African Ave*

Remarks,

RETURN OF A BIRTH, *5555*

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth may 7 1882

4. Place of Birth, (Street and Number) 393 canton avenue

5. Full Name of Mother minnie wolf

6. Mother's Maiden Name minnie schenck

7. Mother's Birthplace germany

8. Full Name of Father henry wolf

9. Father's Occupation laborer

10. Father's Birthplace germany

Name of Medical Attendant, or other Person who makes this Return. marry corner 158

Address collington avenue

Remarks _____

Under no circumstances shall any child be born, sex, an, color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5536

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Kind

2. Sex, (state whether male or female)

Boys

3. Race or Color, (if not of the white race)

Weiß

4. Date of Birth,

geboren den 7ten März

5. Place of Birth, (Street and Number)

Nr 103. Luncöinsten Str

6. Full Name of Mother,

Margarethe Lworn

7. Mother's Maiden Name,

Margarethe Mögel

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Lehon Lworn

10. Father's Occupation,

Carpenter

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Frederick H. H. H. H.

Address, c.

Nr 103. Luncöinsten Str

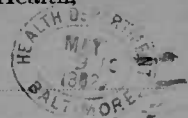
Remarks,

Heimlich

RETURN OF A BIRTH

5537

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

May 7, 1882

4. Place of Birth, (Street and Number)

151 D. Gallis St

5. Full Name of Mother,

Mary Wilson

6. Mother's Maiden Name,

Mary Evans

7. Mother's Birthplace,

Northumberland County Pa

8. Full Name of Father,

Louis Wilson

9. Father's Occupation,

Priser Lumber Wk

10. Father's Birthplace,

Fredrickshaven Va

Name of Medical Attendant, or other Person who makes this Return

Lucinda Woolford

Address,

130 Register St

Remarks,

Print, in the margin, the name of the child, whether born or not, the date, hour, day, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5538

RETURN OF A BIRTH 5538

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 7 1882

4. Place of Birth, (Street and Number) 304 N. Carey St.

5. Full Name of Mother, Nellie Bergman

6. Mother's Maiden Name, Nellie d. Hoffman

7. Mother's Birthplace, Virginia

8. Full Name of Father, John B. Bergman

9. Father's Occupation, Clerk

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return

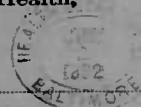
Address,

Remarks,

J. M. Hoffman, M.D.
J. M. Hoffman, M.D.

RETURN OF A BIRTH 55539

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) white
4. Date of Birth, May 7 1882
5. Place of Birth, (Street and Number) 57 Greenwood St
6. Full Name of Mother, Mary Kiplinger
7. Mother's Maiden Name, Henry Gaudin
8. Mother's Birthplace, England
9. Full Name of Father, Michael Kiplinger
10. Father's Occupation, Wagon Driver
11. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Dr. J. M. McNeill
- Address, 376 Pennsylvania Ave
- Remarks,

WILLIAMS & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

55540

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55540

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth May 7 82
4. Place of Birth (Street and Number) 150 E. Carey St
5. Full Name of Mother Margaret Anna P. Johnston
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Wm Washington Johnston
9. Father's Occupation Dispatcher of Trains
10. Father's Birthplace Cambridge - Md
Name of Medical Attendant, or other Person who makes this Return. John T. King
Address 215 Carrollton Ave
Remarks

RETURN OF A BIRTH, 1884

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sunday, 7th, May, 1882

4. Place of Birth, (Street and Number) No. 405 E. Eager St.

5. Full Name of Mother Mrs. Elizabeth Smith

6. Mother's Maiden Name Miss Elizabeth Phillips

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Mr. Charles J. Smith

9. Father's Occupation Shipping Clerk

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Glendinen M.D.

Address No. 102 N. Broadway

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH *5542*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st of May 1892*
4. Place of Birth, (Street and Number) *27 Chapin Street*
5. Full Name of Mother, *Annie A. Roberson*
6. Mother's Maiden Name, *Annie A. Ford*
7. Mother's Birthplace, *Baltimore, county*
8. Full Name of Father, *John H. Ford*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Comment, county Pennsylvania*
- Name of Medical Attendant, or other Person who makes this return *Crescentia Kunkel*
- Address, *11 North Chappel street per Justina Kunkel*
- Remarks, *Healthy*

RETURN OF A BIRTH

55543

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

Wet

3. Date of Birth.

Bankstreet No 214

4. Place of Birth, (Street and Number)

7 Mai

5. Full Name of Mother.

X Theresia Badinge

6. Mother's Maiden Name.

" " Herstel

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Jakob Badinge

9. Father's Occupation.

Stifter

Father's Birthplace.

Derenbush Elbas

Name of Medical Attendant,

or other Person who makes this Return

Bankstreet No 173

Address,

Remarks,

and Mauris

RETURN OF A BIRTH

5544

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 children*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white race*
 3. Date of Birth, *Saturday 7*
 4. Place of Birth, (Street and Number) *South Baltimore 405 1/2 2d St.*
 5. Full Name of Mother, *Sarah Gliss*
 6. Mother's Maiden Name, *Sarah Barneger*
 7. Mother's Birthplace, *Carl County Manchester*
 8. Full Name of Father, *William Gliss*
 9. Father's Occupation, *labourer*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return *Dr. Thornton*
 Address, *421 1/2 1st St. South Baltimore*
 Remarks, *421 1/2 1st St. South Baltimore*

✓✓✓4✓

A circular ink stamp from the Health Department of Baltimore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE" is curved along the bottom inner edge. In the center, the date "MAY 10 1932" is stamped in three lines.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. *Date of Birth*

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. *Father's Birthplace*

3 Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH *55546*

RETURN OF A BIRTH 55546

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 7, 1882

4. Place of Birth, (Street and Number)

338 N. Broadway

5. Full Name of Mother,

Laura J. Macceubin

6. Mother's Maiden Name,

" " Auburn

7. Mother's Birthplace,

Bath. Ind.

8. Full Name of Father,

Thos. J. Macceubin Jr.

9. Father's Occupation,

Bath. Ind.

10. Father's Birthplace,

Tricillay

Name of Medical Attendant, or other Person who makes this Return

Geo. A. Hartman M.D.

Address,

305 N. Caroline St.

Remarks,

born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5547

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☒ Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First Child
Male
White



May 7/82

456 E. Fayette St

F. S. Wright

F. S. Cooper

N. York

Samuel R. Wright

Salmonan

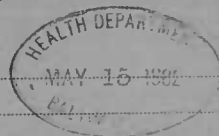
Balt.

Dr. R. W. Mansfield

117 S. Broadway

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 7*

4. Place of Birth, (Street and Number) *No 12 Michigan St*

5. Full Name of Mother, *Katharina Bornhöin*

6. Mother's Maiden Name, *Ruth Ahrensman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Bernard Ahrensman*

9. Father's Occupation, *Cigar-maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this return *Maggie Etzel*

Address *No 13 Cubia Street*

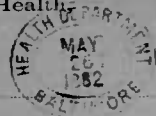
Remarks *Lowest Point*

Md.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55549

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
2. S. x, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 7th 1882
5. Place of Birth, (Street and Number) Carroll Ave.
6. Full Name of Mother, Call Hugand Bennis
7. Mother's Maiden Name, C. Hugand
8. Mother's Birthplace, Baltimore City
9. Full Name of Father, Henry Bennis
10. Father's Occupation, Sailor
11. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Mary E. Limer
- Address 111 S. Washington St.
- Remarks.

RETURN OF A BIRTH *5550*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. *5550* Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *White Female*
2. Race or Color, (if not of the white race) *May 2nd White*
3. Date of Birth, *May 2nd 1882*
4. Place of Birth, (Street and Number) *5 Elizabeth Lane*
5. Full Name of Mother, *Florence J. Hankin*
6. Mother's Maiden Name, *Florence J. Mitchell*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John W. Hankin*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return *Thos and Cook M.D.*
- Address *146 Hancock St*
- Remarks,



RETURN OF A BIRTH 1892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name: Lucy May Kell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

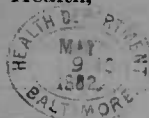
Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 15552

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 8 1882

4. Place of Birth, (Street and Number) No. 42 West St. Baltimore Md.

5. Full Name of Mother, Elizabeth Brant.

6. Mother's Maiden Name, Elizabeth Bennett.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John Henry Brant

9. Father's Occupation, Baltimore

10. Father's Birthplace, Labner

Name of Medical Attendant, or other Person who makes this Return Mrs. Josh.

Address, 107 Johnson St. Baltimore Md.

Remarks,

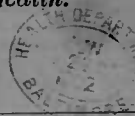
Missing

55553

RETURN OF A BIRTH, 55554

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 8th 1882
4. Place of Birth, (Street and Number) 63 S. Eden St
5. Full Name of Mother Lucy Carmelia Winder
6. Mother's Maiden Name Crafton
7. Mother's Birthplace Virginia
8. Full Name of Father Richard J. Winder
9. Father's Occupation Blacksmith
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. S. H. Seldner M.D.
- Address S. E. Co. Eager & Caroline St.
- Remarks

RETURN OF A BIRTH 5555

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 8. 1882

4. Place of Birth, (Street and Number)

73 Edmonson Avenue

5. Full Name of Mother,

Susannah Kinsey

6. Mother's Maiden Name,

Leamington

7. Mother's Birthplace,

Hartford County

8. Full Name of Father,

John K. Kinsey

9. Father's Occupation,

Boiler Maker

Father's Birthplace,

Hartford County Md

Name of Medical Attendant,

or other Person who makes this Return

Marbury Brewer Md

Address,

18 M. Connelly St

Remarks.

Still Birth

RETURN OF A BIRTH 15556

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

second child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

3. Date of Birth,

1 May

4. Place of Birth, (Street and Number)

Conkling Street 14.

5. Full Name of Mother

Francine Pohl

6. Mother's Maiden Name,

Francine Pohl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Pohl

9. Father's Occupation,

clerk.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Anna Holm mad wife

Address,

2823 1/2 Conkling Street

Remarks,

born, its sex, their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Castle Street No 37

4. Place of Birth, (Street and Number)

May 8th 1887

5. Full Name of Mother,

Mary E. Whalley

6. Mother's Maiden Name,

Mary E. Deur

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James E. Whalley

9. Father's Occupation,

Engineer

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Alb. Susan Morgan

Address,

No 47 West Carham

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 Birth

Sex. (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

Wit

3. Date of Birth.

I Mai

4. Place of Birth, (Street and Number)

Doherty Street No 44

5. Full Name of Mother.

Barbara Dorn

6. Mother's Maiden Name.

" " Kemet

7. Mother's Birthplace.

Bettfeld Baiern

8. Full Name of Father.

Georg Dorn

9. Father's Occupation.

10. Father's Birthplace.

Kreis Baiern

Name of Medical Attendant, or other Person who makes this Return

Bank Street No 113

Address,

Remarks.

Mrs Maurer

RETURN OF A BIRTH 5559

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

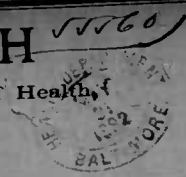


mailed same to the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *Colored*
 Date of Birth, *no 11 Vine street*
 Place of Birth, (Street and Number) *Rachel town*
 Full Name of Mother, *Rachel Foote*
 Mother's Maiden Name, *Mary 8th 1882*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *Moses Towns*
 Father's Occupation, *Printer*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Mary Ann Lawrey*
 Address, *53 Perry Street*
 Remarks, *Pine Hollow*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 8

4. Place of Birth, (Street and Number)

89 Scott St.

5. Full Name of Mother,

Kate Rich

6. Mother's Maiden Name,

Kate Stieber

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

Ferdinand Groch

9. Father's Occupation,

Piano Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

M. J. H. H. H.

Address,

60 St. Charles St.

Remarks,

✓✓✓61

A circular stamp from the Health Department, Bangalore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BANGALORE" is curved along the bottom inner edge. In the center, the word "MAY" is at the top, followed by the year "1952" in a larger font. To the left of the stamp, the word "with." is partially visible.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

White

may get 18 ft

194 N. Calcut

Estelle Kennedy

Estelle Berry

Bactmon

Peter A. Kennedy

Clark

Baltimore

Geo B. Reynolds

Remarks

RETURN OF A BIRTH.

55562

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *May 8th 1892*
4. Place of Birth (Street and Number) *10 Eden St. Mt.*
5. Full Name of Mother *Louise Campbell*
6. Mother's Maiden Name *Thomas*
7. Mother's Birthplace *Eastern Shore*
8. Full Name of Father *George Campbell*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who made this Return. *E. B. Fenby*
- Address *319 N. Central Ave*
- Remarks

RETURN OF A BIRTH *5565*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Third
Female
White

May 8th 82

No 95 Allen St.

Bridget A. Green

Bridget A. Hemming

Ireland

Thomas J. Green

Police Sergeant.

Baltimore City (Md)

Mrs. Clara Hemming

No 95 Allen St.

(City)



RETURN OF A BIRTH.

55564

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The sixth

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

of the white race

3. Date of Birth

born Nov. 28th day of Nov. in Baltimore at No. 1517

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mrs. Mary Keener

6. Mother's Maiden Name

Mrs. Mary Keener

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Mr. George Keener

9. Father's Occupation

Taylor

10. Father's Birthplace

Crossman, Bangor

Name of Medical Attendant, or other Person who makes this Return.

Mrs. A. M. Taylor

Address

1517 N. Howard St.

Remarks

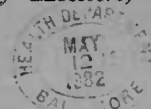
name of the mother of such child or children.

RETURN OF A BIRTH

55565

RETURN OF A BIRTH 55565

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First
Male
White
May 8th 1882.
1842 Stennow Alley
Katie Treutlein
Katie Treutlein
Baltimore City.
(None)

Mrs. Eliza Hemmings
1495 Albemarle St
(City)

RETURN OF A BIRTH *5566*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

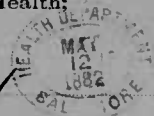


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 8th*
4. Place of Birth, (Street and Number) *115 Gaylord St.*
5. Full Name of Mother, *Sary Philipps* *Maib Philipps*
6. Mother's Maiden Name, *Sary Maib* *Maib*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Christ Philipps*
9. Father's Occupation, *Steward*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *St. Sophia Simon*
- Address, *1070 Granby St.*
- Remarks,

RETURN OF A BIRTH *11167*

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *this is 1 child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *May 7*
4. Place of Birth, (Street and Number) *88 Headenhall*
5. Full Name of Mother, *Mary J. Sie*
6. Mother's Maiden Name, *Mary J. Kirk*
7. Mother's Birthplace, *Cambridge, Mass*
8. Full Name of Father, *~~Cambridge Mass~~ George Sie*
9. Father's Occupation, *sterndore*
10. Father's Birthplace, *Cambridge*
- Name of Medical Attendant, or other Person who makes this Return *Millie Grouse*
- Address, *No. 12 Plum Alley*
- Remarks, _____

RETURN OF A BIRTH 5568

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

May 9, 1882

4. Place of Birth, (Street and Number)

127 S. Stricker

5. Full Name of Mother.

Annie M. Strube

6. Mother's Maiden Name.

Doherty

7. Mother's Birthplace,

Richmond Va

8. Full Name of Father.

Daniel F. Strube

9. Father's Occupation,

Engineer Steam hammer

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

John H. Wood

Address,

322 Hollins St.

Remarks,

Live baby



PRINTERS AND STATISTICIANS

RETURN OF A BIRTH 5569

RETURN OF A BIRTH, 55569

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 9- 82

4. Place of Birth, (Street and Number)

153 N. Eutan-

5. Full Name of Mother

Mollie Weinberg

6. Mother's Maiden Name

Birkenwald

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Isaac Weinberg

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Saml W. Knight - M.D.

Address

112 N. Greene St.

Remarks

RETURN OF A BIRTH

55770

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



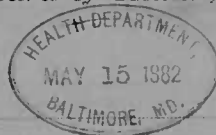
of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9 May 1882*
4. Place of Birth, (Street and Number) *17 Dorsey Allen*
5. Full Name of Mother, *Margaret Rodlock*
6. Mother's Maiden Name, *Cunz*
7. Mother's Birthplace, *Allegheny Rock Ryan Bairen*
8. Full Name of Father, *Peter Cunz*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Lebanon Road Ryan R. Priem*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. G. J. G. G.*
- Address, *1760 Schaefer St.*
- Remarks,

RETURN OF A BIRTH 5571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Male

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 9th 1882

4. Place of Birth, (Street and Number)

310 E Baltimore St

5. Full Name of Mother,

Hettie Rosenthal

6. Mother's Maiden Name,

Hettie Rosenthal

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Isaac Rosenthal

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return.

Samuel H. Powell M.D.

Address,

129 Augusta St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Johann Christoph
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 9, 1880

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

RETURN OF A BIRTH

RETURN OF A BIRTH, 5575

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 9th 1882

4. Place of Birth, (Street and Number)

357 Mulberry St

5. Full Name of Mother

Elizth C. Barrick

6. Mother's Maiden Name

Northam

7. Mother's Birthplace

Va

8. Full Name of Father

Wm E. Barrick

9. Father's Occupation

Carpenter

Father's Birthplace

Va

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Hamm & Barr

Remarks

RETURN OF A BIRTH 55574

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 of May

4. Place of Birth, (Street and Number) S. Eden Street

5. Full Name of Mother, Andrea Jacobson

6. Mother's Maiden Name, = Nelson

7. Mother's Birthplace, New Sweden

8. Full Name of Father, John Jacobson

9. Father's Occupation, Blacksmith

10. Father's Birthplace, ~~New Sweden~~ Sweden

Name of Medical Attendant, or other Person who makes this Return, S. Behnken (Midwife)

Address, 54 Essex St. (Canton)

Remarks,

RETURN OF A BIRTH *55575*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who make this Return.

Address,

Remarks,

Female
White
May 9 1882
7 S. High St
Fanny Shaw
Fanny Shaw
City
Henry Shaw
Clothier
Germany
A. B. Amos

55546

BALTIMORE CITY.

5-4

Male

Colville

May 9th 1882
26. R.

26. Ryan Sh-

Ellen L. Garey

Ellen. Little.

Ireland

Michael Gurey

Monter. B & R

Ireland

A. H. Sablin, M.D.

Pr 3 *Ref in ltr - ch*

[illegible]

DO, CITY PRINTING AND STATIONERS

RETURN OF A BIRTH 5579

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
 1. Sex, (state whether male or female).....
 2. Race or Color, (if not of the white race).....
 3. Date of Birth,.....
 4. Place of Birth, (Street and Number).....
 5. Full Name of Mother,.....
 6. Mother's Maiden Name,.....
 7. Mother's Birthplace,.....
 8. Full Name of Father,.....
 9. Father's Occupation,.....
 10. Father's Birthplace,.....
 Name of Medical Attendant, or other Person who
makes this Return......
 Address,.....
 Remarks,.....

RETURN OF A BIRTH 5578

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
2. Sex, (state whether male or female) Girl
3. Race or Color, (if not of the white race) White
4. Date of Birth, 10th of May 1892.
5. Place of Birth, (Street and Number) 93 North Washington street
6. Full Name of Mother, Antony Skomanaska.
7. Mother's Maiden Name, Antony Kutchenrider.
8. Mother's Birthplace, Bohemia.
9. Full Name of Father, Andreas Kutchenrider.
10. Father's Occupation, Tavern keeper.
11. Father's Birthplace, Germany.
12. Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel
13. Address, 71 South Chappel street per Justina Kunkel
14. Remarks, Healthy.

RETURN OF A BIRTH, 5579

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Wednesday, May 10, 1882

4. Place of Birth, (Street and Number) No. 217 Jefferson Street

5. Full Name of Mother Mrs. Clara Law

6. Mother's Maiden Name Miss Clara Mahler

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Mr. James B. Law

9. Father's Occupation Furniture Dealer

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return. Wm. H. Glendinen M.D.

Address No. 102 N. Broadway

Remarks

name of the mother of such child or children.

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55580

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

May 10th '82

4. Place of Birth (Street and Number)

N.E. Cor. Randall & Charles

5. Full Name of Mother

Angelina Daome

6. Mother's Maiden Name

Angelina Johnson

7. Mother's Birthplace

New Jersey

8. Full Name of Father

Elizabeth W. Daome

9. Father's Occupation

Laborer

10. Father's Birthplace

New Jersey

Name of Medical Attendant, or other Person who makes this Return.

J. Tyler Smith M.D.
#221 Barnet

Address

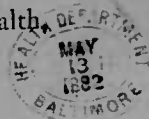
Remarks

Natural & Easy Labor

RETURN OF A BIRTH.

55581

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

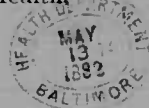


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) Colored
 3. Date of Birth May 10th
 4. Place of Birth (Street and Number) Rabidge St No 159
 5. Full Name of Mother Nancy Geams
 6. Mother's Maiden Name Nancy Robus
 7. Mother's Birthplace Prince George Co
 8. Full Name of Father Charles Robus
 9. Father's Occupation Drayman
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this return Mrs Harriet Gibson
 Address Rabidge St No 143
 Remarks \$ 3- dollars

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, was or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father.

May 10 1882
308 W. B. B. St.
Martha E. Goldman
Wheat
Baltimore
Wildred H. Goldman
Paper Hanger
Baltimore
Mary A. Howell

9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 116 N. B. B. St.

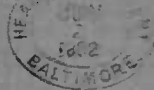
Remarks,

Consolidated, whether or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 51583

To the Office of Registrar of Vital Statistics, Board of Health.

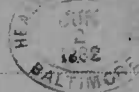
BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
2. Sex (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth May 10th 1882
5. Place of Birth, (Street and Number) 357 Penna. Ave.
6. Full Name of Mother Mary C. Holtz
7. Mother's Maiden Name Ward
8. Mother's Birthplace Balto. Md.
9. Full Name of Father Robert E. Holtz
10. Father's Occupation Coachmaker
11. Father's Birthplace Balto. Md.
12. Name of Medical Attendant, or other Person who makes this Return. J. A. Christian M.D.
13. Address 431 Penna. Ave.
14. Remarks

RETURN OF A BIRTH *555 84*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 to*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 10 1882*

4. Place of Birth, (Street and Number) *Philadelpia Road W. Number*

5. Full Name of Mother, *Anna Finckler*

6. Mother's Maiden Name, *Born*

7. Mother's Birthplace, *Bavaria*

8. Full Name of Father, *Lorenz Finckler*

9. Father's Occupation, *Thurst*

10. Father's Birthplace, *Bavaria*

Name of Medical Attendant, or other Person who makes this Return *Wm. Loh. Karch*

Address, *W. Wall St No 14*

Remarks, *Wm. Loh. Karch*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

A

4. Place of Birth, (Street and Number)

*Marye St
Washington St
A. 16 Mackert*

5. Full Name of Mother,

A. Hecker

6. Mother's Maiden Name,

Balto

7. Mother's Birthplace,

16 Mackert

8. Full Name of Father,

Printer

9. Father's Occupation,

Balto

10. Father's Birthplace,

Mary & Quinn Indicipo

Name of Medical Attendant, or other Person who makes this return

Address,

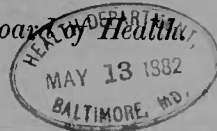
17 S. Washington St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

55586

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

may 10th 1882

4. Place of Birth (Street and Number)

2307 Vine st

5. Full Name of Mother

Fizzie Steward

6. Mother's Maiden Name

Fizzie Blackstone

7. Mother's Birthplace

Abbeville Co Va

8. Full Name of Father

Richard Steward

9. Father's Occupation

Recently died

10. Father's Birthplace

unrecorded to me

Name of Medical Attendant, or other Person who makes this Return.

Ch. Potter Nam

Address

255 Beaton st

Remarks

Nomi

name of the mother of such child or children.

RETURN OF A BIRTH 55587

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 10th May 1882
 4. Place of Birth, (Street and Number) 263 Market St
 5. Full Name of Mother, Emma Sale
 6. Mother's Maiden Name, Emma Anliach
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Sale
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Balt.
 Name of Medical Attendant, or other Person who makes this Return Sabina Grishaber
 Address 212 N. 7th St
 Remarks

WILLIAM A. CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 55588

RETURN OF A BIRTH, 55588

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth May 10th 1882

4. Place of Birth, (Street and Number) 291 Gough st

5. Full Name of Mother Mary King

6. Mother's Maiden Name Mary Dirgswald

7. Mother's Birthplace Baltimore City Md

8. Full Name of Father Charles Frederick King

9. Father's Occupation Boat Builders

Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell

Address 207 S. Broadway

Remarks _____

name of the mother of such child or children.

RETURN OF A BIRTH 55589

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, May 10 1882
 4. Place of Birth, (Street and Number) 70 Burgundy Alley
 5. Full Name of Mother, Annie J. Williams
 6. Mother's Maiden Name,
 7. Mother's Birthplace, Balt. City
 8. Full Name of Father, William P. Williams
 9. Father's Occupation, Sailor
 10. Father's Birthplace, Dorchester County Md
- Name of Medical Attendant, or other Person who makes this Return Deborah Thomas
- Address, 71 Burgundy Alley
- Remarks,

DUNLAP & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 55590

RETURN OF A BIRTH, 555 70

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth 16 May

4. Place of Birth, (Street and Number) 13th Thon Street

5. Full Name of Mother Jorda Kwak

6. Mother's Maiden Name Kozniak

7. Mother's Birthplace Gnesen Germany

8. Full Name of Father Jakob Kozniak

9. Father's Occupation

Father's Birthplace Gdansk

Name of Medical Attendant, or other Person who makes this Return. Marie Githner

Address S. Wolfe Street 245.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

55591

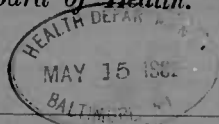
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 10th 1882
4. Place of Birth (Street and Number) 22. S. Schroeder St.
5. Full Name of Mother Laura E. Kearney
6. Mother's Maiden Name Burns
7. Mother's Birthplace Balto. Co. Maryland
8. Full Name of Father James R. Kearney
9. Father's Occupation Scroll Sawyer
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. B. Sullivan M.D.
- Address Canollton Ave., and Laureate Street
- Remarks

RETURN OF A BIRTH, 5592

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth May 10th 1882.

4. Place of Birth, (Street and Number) # 39 Chew Street.

5. Full Name of Mother Mollie Ross

6. Mother's Maiden Name Mollie Morgan

7. Mother's Birthplace Balto.

8. Full Name of Father John Ross.

9. Father's Occupation Charking

Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Dr. W. H. Hildreth

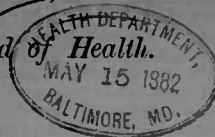
Address 182 East Monument St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH, 5593

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 10th 1882.

4. Place of Birth, (Street and Number) #28 Spring St.

5. Full Name of Mother Amelia Salzman

6. Mother's Maiden Name Amelia Rosal

7. Mother's Birthplace Germany

8. Full Name of Father Michael Salzman

9. Father's Occupation Cabinet maker.

Father's Birthplace Germany

Name of Medical Attendant

or other Person who makes this Return.

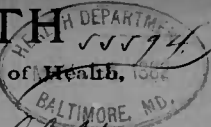
Address 1896 Massachusetts St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race)
 3. Date of Birth, May 10th 1882
 4. Place of Birth, (Street and Number) No 1310 S. Charles St.
 5. Full Name of Mother, Elmire Reubrecht
 6. Mother's Maiden Name, Chauman.
 7. Mother's Birthplace, America
 8. Full Name of Father, Henry Reubrecht
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, America
 Name of Medical Attendant, or other Person who makes this Return J. Schogasser midwife
 Address 930 Hanover St.
 Remarks,

RETURN OF A BIRTH 5595

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
White -
May 10 1892
234 W Lomb St
Hannah Dornier
Hannah Dornier
City -
Joseph Dornier
Mechanic
Germany
A R Wood MD

RETURN OF A BIRTH 55596

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 10th 1882

4. Place of Birth, (Street and Number)

194 Columbia Ave

5. Full Name of Mother,

Catherine Kernauchneider

6. Mother's Maiden Name,

Catherine Wise

7. Mother's Birthplace,

Allegheney Pa

8. Full Name of Father,

Wm Wise

9. Father's Occupation,

Cropper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary E. Bentley

Address,

90 St Peter St

Remarks,

Child living

RETURN OF A BIRTH

5597

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Monday May 10th 1882

4. Place of Birth, (Street and Number)

South Balto Hamburg St. No 211

5. Full Name of Mother,

Scarlett Mason

6. Mother's Maiden Name,

Scarlett Nock

7. Mother's Birthplace,

Acmack County Va

8. Full Name of Father,

Frank Frances Mason

9. Father's Occupation,

Labors

10. Father's Birthplace,

Acmack County Va

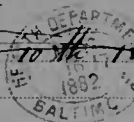
Name of Medical Attendant, or other Person who makes this return

Sarah James Wilson

Address

No. 252 Hugh Street

Remarks



RETURN OF A BIRTH 5598

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 10

4. Place of Birth, (Street and Number) 211

5. Full Name of Mother, Mary Martin

6. Mother's Maiden Name, Charlotte

7. Mother's Birthplace, Columbus Co. Ga.

8. Full Name of Father, Frank Martin

9. Father's Occupation, Carpenter

10. Mother's Birthplace, Columbus Co. Ga.

Name of Medical Attendant, or other Person who makes this return

Address, No. 252

Remarks, died this

Sarah J. Wilson

10th St.

died this 15th with Convulsion

Laurel
H. Russ



55599

HEALTH DEPARTMENT.
MAY 22 1982
BALTIMORE, MD.

2.

personal

brown skin

may. Ch. 10. 1882

vine 87 15 2

Maria Hill

Muzia gullene

Carol County Ma

Jacob Hill

Labour

ancient County Ma

Louisa Somerville

13 Clinton

Remarks

Record, us or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

NOTE. In or their physical condition, whether sign born or not, the full name, surname, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

55600

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

May 17th 1882

4. Place of Birth (Street and Number)

154 Lee St.

5. Full Name of Mother

Catharine Ransom

6. Mother's Maiden Name

Catharine Lee

7. Mother's Birthplace

Virginia

8. Full Name of Father

Robert Ransom

9. Father's Occupation

Laborer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

A. H. Hall, Jr. D.

Address

282 Sharps St.

Remarks

RETURN OF A BIRTH

55601

RETURN OF A BIRTH.

55601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

May 11 - 1892

4. Place of Birth (Street and Number)

139 N. Carrollton Ave

5. Full Name of Mother

Katie Jacques

6. Mother's Maiden Name

" Stansan

7. Mother's Birthplace

Kent Co. Ind.

8. Full Name of Father

Wm. Jacques

9. Father's Occupation

Physician

10. Father's Birthplace

Boston, Mass

Name of Medical Attendant, or other Person who makes this Return.

John J. Hines

Address

215 N. Carrollton Ave

Remarks

State, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 15602

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Anna E. Chambers* First.
 Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

1st of May. 11

4. Place of Birth, (Street and Number)

Henrietta St. 135.

5. Full Name of Mother,

Annie Margarette Bach. Chambers

6. Mother's Maiden Name,

Annie Margarette Bach.

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Charles Franklin Chambers.

9. Father's Occupation,

St. Car driver.

10. Father's Birthplace,

Louisa Co.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Meinch.

Address,

Cor. Montgomery & Leadenhall Sts.

Remarks,

RETURN OF A BIRTH *1883*

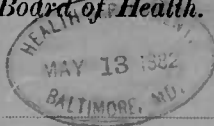
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 14/82*
4. Place of Birth, (Street and Number) *#2 Bradford Alley*
5. Full Name of Mother, *M. B. Rossmark*
6. Mother's Maiden Name, *Margaret Brown*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Andrew Rossmark*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Mary E. Sumner*
- Address, *#111 1/2 Washington St.*
- Remarks, _____

55604

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth May 11th 1882

4. Place of Birth (Street and Number) No 11 St. Baltimore

5. Full Name of Mother Annie Thomas

6. Mother's Maiden Name Annie Thomas

7. Mother's Birthplace Cambridge Md

8. Full Name of Father Peter Rogers

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wynn

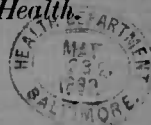
Address 258 Babcock St

Remarks None

name of the mother of such child or children.

RETURN OF A BIRTH, 55605

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *May 11th 1892*
4. Place of Birth, (Street and Number) *6 S. Washington St.*
5. Full Name of Mother *Sarah Elizabeth Davis*
6. Mother's Maiden Name *Sarah E. Price*
7. Mother's Birthplace *Baltimore City, Md.*
8. Full Name of Father *John Henry Davis*
9. Father's Occupation *W. Pilot*
10. Father's Birthplace *Baltimore City, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Nicholas L. Cassiell*
- Address *207 S. Broadway*
- Remarks _____

RETURN OF A BIRTH 55606

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, 11 of May
4. Place of Birth, (Street and Number) York St no 40
5. Full Name of Mother, Susan Monroe
6. Mother's Maiden Name, Gross
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Monroe
9. Father's Occupation, Single
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this return Dr. Wilson
- Address, warner st 194
- Remarks.

RETURN OF A BIRTH.

55607

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

11th May

4. Place of Birth (Street and Number)

No 4. Milliman

5. Full Name of Mother

Theresa Born

6. Mother's Maiden Name

Merlenbrink

7. Mother's Birthplace

Germany

8. Full Name of Father

Fred Born

9. Father's Occupation

Shoe maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Germany / J. J. J. J.

Address

Office 240 Broadway

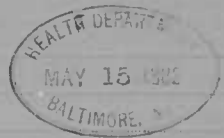
Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

5608

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Red*
3. Date of Birth, *11 May 1882*
4. Place of Birth, (Street and Number) *556 Appoqueth St Baltimore*
5. Full Name of Mother, *Margret Walph Finnick*
6. Mother's Maiden Name, *May Walph*
7. Mother's Birthplace, *Scotland, Fife*
8. Full Name of Father, *Philip Finnick*
9. Father's Occupation, *Butter of stone*
10. Father's Birthplace, *Scotland, Leaton, on the Borders of England*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Wilhelmina Finnick*
- Address, *Emor Street St.*
- Remarks,

RETURN OF A BIRTH

55607

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 11th 1882

4. Place of Birth, (Street and Number)

161 W. Lombard St Maternity

5. Full Name of Mother,

Mary E. Smith

6. Mother's Maiden Name,

D. S. O.

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Not known

9. Father's Occupation,

1

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

W. Page M. Lusk M.D. Phys.

Address,

Maternity Hospital 161 W. Lombard St.

Remarks,

X.O.D.P.

Illegitimate



RETURN OF A BIRTH 55610

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

May 14th

4. Place of Birth, (Street and Number)

No. 16 Queen St

5. Full Name of Mother,

Margie E. Brent

6. Mother's Maiden Name,

Margie E. Palmer

7. Mother's Birthplace,

Baltimore Co.

8. Full Name of Father,

Harry J. Brent

9. Father's Occupation,

Railroading

10. Father's Birthplace,

Baltimore Co.

Name of Medical Attendant,

or other Person who makes this Return

Sarah Hooten

Address,

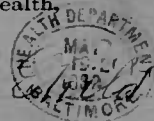
126 Government St

Remarks,

RETURN OF A BIRTH 55611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mothers. First.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 11 1882

4. Place of Birth, (Street and Number)

129 Franklin Ave. Balt

5. Full Name of Mother,

Annice M. Wisner

6. Mother's Maiden Name,

Annice M. Dice

7. Mother's Birthplace,

Born in Baltimore M. J.

8. Full Name of Father,

John G. W. Wisner

9. Father's Occupation,

Wholesale

10. Mother's Birthplace,

Born in Baltimore M. J.

Name of Medical Attendant, or other Person who makes this Return

Address,

1145 Avenue St. B.

Remarks,

RETURN OF A BIRTH 5612

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 11, 1882

4. Place of Birth, (Street and Number) 130 E. Chew St.

5. Full Name of Mother, Ellen Catherine Scott

6. Mother's Maiden Name, Creamer

7. Mother's Birthplace, Bath. Md.

8. Full Name of Father, Chas. Edw. Scott

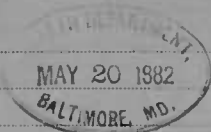
9. Father's Occupation, Machinist

10. Father's Birthplace, Bath. Md.

Name of Medical Attendant, or other Person who makes this Return Geo. A. Hartman M.D.

Address, 305-306 Carroll St.

Remarks, _____



RETURN OF A BIRTH *5613*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 11, 1882*
4. Place of Birth, (Street and Number) *839 E. Eldred St.*
5. Full Name of Mother, *Minnie Gittings Lyon*
6. Mother's Maiden Name, *A. Gittings*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Edgar R. Lyon*
9. Father's Occupation, *Brookline, Va.*
10. Father's Birthplace, *Richmond, Va.*
- Name of Medical Attendant, or other Person who makes this Return *Geo. A. Hartman M.D.*
- Address *305 N. Caroline St.*
- Remarks

MAY 20 1882

BALTIMORE, MD.

RETURN OF A BIRTH 5614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



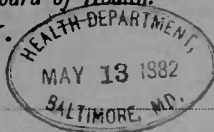
- No. of Child of Mother, (state whether 1st, 2nd, &c.)
 1. ☒ , (state whether male or female)
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 11th 1892
 4. Place of Birth, (Street and Number) 28 Eting St.
 5. Full Name of Mother, Mary E. Dennison
 6. Mother's Maiden Name, " " McShane
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, Joseph W. Dennison
 9. Father's Occupation, Shoe Maker
 10. ☒ Mother's Birthplace, Stuyvesant Heights, Delaware
- Name of Medical Attendant, or other Person who makes this Return A. C. [Signature]
- Address 387 [Signature]
- Remarks

RETURN OF A BIRTH.

55615

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Other, (state whether 1st, 2d, 3d, &c.)

her Male or Female

(if not of the white race)

(Street and Number)

Mother

Name

Place

Father

tion

Place

and Attendant, or other Person who makes this Return.

Female
Could
12 1882
1 in Room 114 1b 5 37
May Hester
Gasto Thure
J. M. McLean
Laborer
Sarah Jane Attentore
1466 2om Charles R.

RETURN OF A BIRTH, 57616

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 12th 1882
4. Place of Birth, (Street and Number) 287 N. Canal St
5. Full Name of Mother Mary Elizabeth Mueller
6. Mother's Maiden Name Engesser
7. Mother's Birthplace Clark's Pa.
8. Full Name of Father Lewis Henry Mueller
9. Father's Occupation Cigar Maker
10. Father's Birthplace Balt. City. Md.
- Name of Medical Attendant, or other Person who makes this Return. S. W. Seldner, M.D.
- Address S. & Dor Eager + Caroline Sts.
- Remarks

RETURN OF A BIRTH, 5617

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name, James H. McCurley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race) *W*

3. Date of Birth *May 12 1882*

4. Place of Birth, (Street and Number) *No. 334 Carrollton avenue*

5. Full Name of Mother *Mary McCurley*

6. Mother's Maiden Name *Mary Ewalt*

7. Mother's Birthplace *Baltimore MD*

8. Full Name of Father *James McCurley*

9. Father's Occupation *attorney*

10. Father's Birthplace *Baltimore*

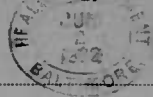
Name of Medical Attendant, or other Person who makes this Return *J H Patterson M D*

Address *28 Franklin*

Remarks

RETURN OF A BIRTH 55618

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12 1888

4. Place of Birth, (Street and Number) 714 S. Pennsylvania St.

5. Full Name of Mother, Annie K. Schuler

6. Mother's Maiden Name, Schuler

7. Mother's Birthplace, Prussia

8. Full Name of Father, Walter Schuler

9. Father's Occupation, Engineer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Dr. J. M. Schuler

Address, 248 N. 1st St.

Remarks,

RETURN OF A BIRTH 55619

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12th 1882

4. Place of Birth, (Street and Number)

382 Penna. Ave.

5. Full Name of Mother.

Annie B. Meyers

6. Mother's Maiden Name.

Adler

7. Mother's Birthplace,

Balto. City

8. Full Name of Father.

Chas. Meyers

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

H. Christian M.D.

Address,

431 Penna. Ave.

Remarks.

RETURN OF A BIRTH *176 20*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female) *2 d*

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 12th 1882

4. Place of Birth, (Street and Number)

*No. 3 Will St
Katie M. Dermot
Bauer*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

*Micheal Mc Dermot
Laborer*

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

*Mrs Elizabeth Betz
120 Bank St*

Address,

Remarks,

RETURN OF A BIRTH 556 21

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

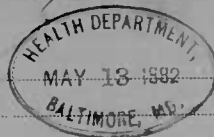


of the parents, and the maiden name of the mother of such child or children."

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) _____
4. Date of Birth, 12th May 82
5. Place of Birth, (Street and Number) 301 Penna Ave
6. Full Name of Mother, Ellen Bibeltiger
7. Mother's Maiden Name, Ellen Morand
8. Mother's Birthplace, Med.
9. Full Name of Father, Francis Bibeltiger
10. Father's Occupation, Printer
11. Father's Birthplace, Germany
12. Name of Medical Attendant, J. Miller M.D.
or other Person who makes this Return
13. Address, 87 W Green St
14. Remarks, _____

RETURN OF A BIRTH *7622*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex, (state whether male or female) *—*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 12, 1882*

4. Place of Birth, (Street and Number) *E. Eager St. 19, 334.*

5. Full Name of Mother, *Christine Miller*

6. Mother's Maiden Name, *Christine Laberge*

7. Mother's Birthplace, *Liepenburg, Prussia, Germany*

8. Full Name of Father, *Ludwig Miller*

9. Father's Occupation, *Carver*

Father's Birthplace, *Liepenburg, Prussia, Germany*

Name of Medical Attendant, *or other Person who makes this Return* *Wm. E. Miller*

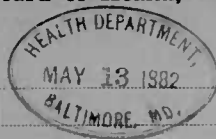
Address, *17, Eager St. 19, 334*

Remarks, *—*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *5623*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 12, 1882*

4. Place of Birth, (Street and Number) *Flac. Im. St. No. 203*

5. Full Name of Mother, *Veronica Hoffmann*

6. Mother's Maiden Name, *Veronica Küster*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *John Hoffmann*

9. Father's Occupation, *Wagoner*

Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *4 Dallas St. No. 20*

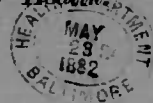
Remarks,

name of the mother of such child or children.

RETURN OF A BIRTH, 55624

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 12 - '82

4. Place of Birth, (Street and Number) No. 18 N. Stricker St

5. Full Name of Mother Sarah Elizabeth Davis

6. Mother's Maiden Name Turner

7. Mother's Birthplace Howard County Md.

8. Full Name of Father Edward Davis

9. Father's Occupation Machinist

10. Father's Birthplace Baltimore County Md.

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N. Greene

Remarks

RETURN OF A BIRTH

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

556 25

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
- Sex, (state whether male or female) male
- Race or Color, (if not of the white race) _____
- Date of Birth, May 12th 1882 -
- Place of Birth, (Street and Number) 92 Barre St.
- Full Name of Mother, Mattie Beirbower.
- Mother's Maiden Name, " Hamilton
- Mother's Birthplace, Balti. City.
- Full Name of Father, Chas. E. Beirbower.
- Father's Occupation, Venturist -
- Father's Birthplace, Balti. City.
- Name of Medical Attendant, R. J. N. Tall. M. D.
or other Person who makes this Return
- Address, 152 Sharp St.
- Remarks, _____

RETURN OF A BIRTH 57626

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

12 of May

4. Place of Birth, (Street and Number)

Wellington Street

5. Full Name of Mother,

Mary Mcgunder

6. Mother's Maiden Name,

Cravely

7. Mother's Birthplace,

Calvert No

8. Full Name of Father,

Jacob Mcgunder

9. Father's Occupation,

single

Father's Birthplace,

Calvert No

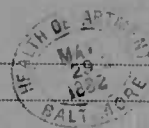
Name of Medical Attendant, or other Person who makes this Return

D. Wilson

Address,

Warner Street 194

Remarks,



State, as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH 57626

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

State, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

12

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

12 of May

4. Place of Birth, (Street and Number)

Wellington Street

5. Full Name of Mother,

Mary McQuinder

6. Mother's Maiden Name,

McQuinder

7. Mother's Birthplace,

Calvert Md

8. Full Name of Father,

Jacob McQuinder

9. Father's Occupation,

single

Father's Birthplace,

Calvert Md

Name of Medical Attendant, or other Person who makes this return

D. Wilson

Address,

Warner Street 194

Remarks,



RETURN OF A BIRTH

55627

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday May 12 82

4. Place of Birth, (Street and Number)

246 Pierce St

5. Full Name of Mother

Mrs Annie Jones

6. Mother's Maiden Name,

Miss Annie Watts

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

J P John P Jones

9. Father's Occupation,

barrier

10. Father's Birthplace,

Alexandria Va

Name of Medical Attendant,

or other Person who makes this Return

Mrs Cross

Address,

74 South Fremont

Remarks,

RETURN OF A BIRTH 55628

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) White Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Mother's Birthplace.

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks.

May 12th 1882
Baltimore, 397 Central ave.
Rebecca R. Rush
Rebecca R. Green
Baltimore Md
Simon Randolph Rush
Sewing Machine App
Dover Kent Co Delaware
Mrs J. C. Bayless Midwife
386 Hartford Ave City

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

55629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 12/1892

4. Place of Birth, (Street and Number)

282 N. Carey St.

5. Full Name of Mother

Mary S. Hutchins.

6. Mother's Maiden Name

Clark

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Wm. H. Hutchins.

9. Father's Occupation

Clark

10. Father's Birthplace

Baltimore, Co., Md.

Name of Medical Attendant,

or other Person who makes this Return.

H. R. Zetterhoff M.D.

Address

205 N. Biddle St.

Remarks

RETURN OF A BIRTH

5563a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

May 12 1882

5. Place of Birth, (Street and Number)

194 Conway St.

6. Full Name of Mother,

Anna Kaczeny

7. Mother's Maiden Name,

" Alange

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Louis Kaczeny

10. Father's Occupation,

Cigar maker

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return

May B. Ch

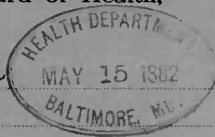
Address,

328 S. E. Ave St.

Remarks,

RETURN OF A BIRTH 1882

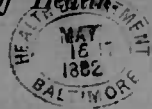
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 2. Sex, (state whether male or female) *Female*
 3. Race or Color, (if not of the white race) *White*
 4. Date of Birth, *12th May - 11 o'clock P.M.*
 5. Place of Birth, (Street and Number) *No 168 N. Mount St*
 6. Full Name of Mother, *Me^{rs} Margaret Bruce Bowly*
 7. Mother's Maiden Name, *Margaret Bruce*
 8. Mother's Birthplace, *West Virginia*
 9. Full Name of Father, *Frank Mc Bowly*
 10. Father's Occupation, *Com. Salesman*
 11. Father's Birthplace, *Virginia*
 Name of Medical Attendant, or other Person who makes this Return *Wm Jackson Evans M.D.*
 Address, *149 N. Fulton Ave.*
 Remarks, *Natural labor - fine, healthy child*

RETURN OF A BIRTH, 55632

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 12th May 1882

4. Place of Birth, (Street and Number) Light St. Bridge (in the toll house)

5. Full Name of Mother Mary Dawson

6. Mother's Maiden Name " Hawkins

7. Mother's Birthplace Baltimore

8. Full Name of Father John Dawson

9. Father's Occupation

10. Father's Birthplace Ball.

Name of Medical Attendant, or other Person who makes this Return. J. W. Webster Jr.

Address 57 Bunker

Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55633

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *this is the 1*
1. Sex (state whether Male or Female) *it is a female*
2. Race or Color (if not of the white race) *race is color*
3. Date of Birth *Date the 12th of May 1882 in the day*
4. Place of Birth (Street and Number) *the street McCalder St. Cortez*
5. Full Name of Mother *Maria Scott Scrutcher*
6. Mother's Maiden Name *Maria Boulder*
7. Mother's Birthplace *birth queen Ann country, Old*
8. Full Name of Father *Joseph Scrutcher*
9. Father's Occupation *Occupation*
10. Father's Birthplace *father birth queen Ann country*
- Name of Medical Attendant, or other Person who makes this Return *Franklin Anderson*
- Address *Address No 1523 East McCalder*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 nd Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 13 th 1882
No. 176 West St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Lina Lettau
Schedel

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Bernhard Lettau

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife
330 Hanover St.

Address.

Remarks.

the parent, and the mother, and all the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55631

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 13th 1882

4. Place of Birth, (Street and Number)

74 Exeter st

5. Full Name of Mother,

Margaret Dorn

6. Mother's Maiden Name,

" Frey

7. Mother's Birthplace,

City

8. Full Name of Father,

Mrs Dorn
Laborer

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Barch st

Remarks,

55636

RETURN OF A BIRTH

55636

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 13th 1892

4. Place of Birth, (Street and Number) 25th Elbow Lane

5. Full Name of Mother, Mary Girl

6. Mother's Maiden Name,

7. Mother's Birthplace, Balt City

8. Full Name of Father, William Girl

9. Father's Occupation, Labourer

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who make the Return

Address, 71 Burgin Rd, Balt City

Remarks,

Deborah Thomas

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male
Black

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 13th 1892

4. Place of Birth, (Street and Number)

161 N Lombard Maternity Hosp

5. Full Name of Mother,

Mary Key

6. Mother's Maiden Name,

Mary Key

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

unknown

9. Father's Occupation,

do

10. Father's Birthplace,

do

Name of Medical Attendant, or other Person who makes this Return

W. P. M. Litch, Res Phys

Address,

Maternity Hospital 161 N Lombard St

Remarks,

L. O. I. B

Illegitimate

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 55638

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 13*
4. Place of Birth (Street and Number) *101 Albermarle st*
5. Full Name of Mother *Camille Thiel*
6. Mother's Maiden Name *Schubert*
7. Mother's Birthplace *Bohemia (Austria)*
8. Full Name of Father *Paul Thiel*
9. Father's Occupation *Shoe Keeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *L. O. Winters*
- Address *12 S. E. 2d st*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3
Male
White
May 13 1882
195 Chester
Sarah Maxwell
Sp. Coonster
Baltimore
John Maxwell
Lisamar
Winn Lane Co
May 6 1882
193 Chase St

RETURN OF A BIRTH

55640

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Light complexion*

3. Date of Birth, *May 13th 1882*

4. Place of Birth, (Street and Number) *40 Saratoga St*

5. Full Name of Mother, *Sarah Jones*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Madison Co. Ia.*

8. Full Name of Father,

9. Father's Occupation,

10. *her's* Birthplace,

Name of Medical Attendant, or other Person who makes this Return. *Sarah Johnson*

Address, *5 Hamilton St*

Remarks,

55641

Birth, the of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55641

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 13/92

4. Place of Birth (Street and Number)

No. 44 E. Biddle St

5. Full Name of Mother

Angela Thalheimer

6. Mother's Maiden Name

" Kuhlmann

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John S. Thalheimer

9. Father's Occupation

Carrier

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Geo H. Taylor M.D.

Address

222 N. Broadway

Remarks

RETURN OF A BIRTH 55642

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 13th 1892

4. Place of Birth, (Street and Number)

South east cor. Baltimore Dallas

5. Full Name of Mother,

Ellen Williams

6. Mother's Maiden Name,

" " Agtel

7. Mother's Birthplace,

England

8. Full Name of Father,

Wm. Williams

9. Father's Occupation,

Bar Keeper

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mary E. Shady

Address,

75 N. Central ave

Remarks,

Right Occipite lotyloid Normal

RETURN OF A BIRTH, 55643

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother _____

6. Mother's Maiden Name _____

7. Mother's Birthplace _____

8. Full Name of Father _____

9. Father's Occupation _____

Father's Birthplace _____

Name of Medical Attendant, or other Person who makes this return. _____

Address _____

Remarks _____

White
May 13th 1882
102 S Ann St
Martha Ann Fry
Martha A. Bryson
Baltimore City Md
James Cooper Fry
Clerk
Baltimore City Md
Nicholas L. Bashill
207 C S Broadway

RETURN OF A BIRTH

55644


To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *13 May*
4. Place of Birth, (Street and Number) *St. George Ave 10137*
5. Full Name of Mother, *Mary A. Henry*
6. Mother's Maiden Name, *Mary A. R.*
7. Mother's Birthplace, *Albany, N. Y.*
8. Full Name of Father, *Henry E. Jones*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Frederick Md.*
- Name of Medical Attendant, or other Person who makes this return. *Harriet Jackson*
- Address, *Forester street 165*
- Remarks,

✓JL4✓

Board of Health,



First

Fernal

collared

May 15th 1882

No 27. Pieces cort

Anna Read

Anna Reed

Toldot county. mol

i Don't know

.....

11

Maria Potter

No 109 Wilcom ally

RETURN OF A BIRTH

5646

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
2. S. x, (state whether male or female) female
3. Race or Color, (if not of the white race) white
4. Date of Birth, May 14, 1882
5. Place of Birth, (Street and Number) No. 220 Dooten street
6. Full Name of Mother, Mary Ellen
7. Mother's Maiden Name, Mary Jones
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, William Gale
10. Father's Occupation, laborer
11. Father's Birthplace, Prussia Penna
12. Name of Medical Attendant, or other Person who makes this Return, Mary Ann Herring
13. Address, 53 Perry St
14. Remarks, file doctors

RETURN OF A BIRTH 5647

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second

female

white

May 14th 1882.

3 Wilson St.

Eate Worley

Booing

Balto. Co. Md.

Chas. M. C. Worley

Car Driver

Balto. Co. Md.

H. C. Winton, M.D.

431 Penn. Ave.



Printed and Stationed

RETURN OF A BIRTH 15648

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 14th 1882*
4. Place of Birth, (Street and Number) *49 St. Central ave*
5. Full Name of Mother, *Mary E. Seibert*
6. Mother's Maiden Name, *Holand*
7. Mother's Birthplace, *Baltimore Mds.*
8. Full Name of Father, *John H. Seibert*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mary E. Mulvey
45 St. Central ave
Right Occipital Lateral Normal
Post Partum Hemorrhage

of the parents, and the maiden name of the mother of such child or children.

PRINTED & STAMPED BY

RETURN OF A BIRTH 15649

RETURN OF A BIRTH 556 49

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child.*
1. Sex, (state whether male or female). *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *May 14th 1882.*
4. Place of Birth, (Street and Number). *S. Paterson, Park Ave.*
5. Full Name of Mother, *Anna Randolph.*
6. Mother's Maiden Name, *Anna Geshelle.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *L. W. Randolph.*
9. Father's Occupation, *Clerk.*
10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, *Child Healthy.*

J. P. Ross, M.D.
227 Canfield Ave.

RETURN OF A BIRTH *57650*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth, ...

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, ...

Remarks,



Male
White
May 14 1902
4340 Hamburg St.

Amelia Miller

Smith

Baltimore

Aug. Miller

Houseman

Prussia

Mary Brock

4328 S. Euter St.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55651

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female
Colored

2. Race or Color (if not of the white race)

3. Date of Birth

May 14 1881

4. Place of Birth (Street and Number)

163 Johns Alley

5. Full Name of Mother

Elara Turner

6. Mother's Maiden Name

7. Mother's Birthplace

Prince George Co

8. Full Name of Father

Frank Turner

9. Father's Occupation

Carpenter

10. Father's Birthplace

Coventry

Name of Medical Attendant, or other Person who makes this Return.

Address

Lucy Cornish

Remarks

RETURN OF A BIRTH 55652

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Give parents, and the maiden name of the mother of such child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 14th - 1882

4. Place of Birth, (Street and Number)

178 Johnson St.

5. Full Name of Mother,

Catharine Wittler

6. Mother's Maiden Name,

Kolzman

7. Mother's Birthplace,

America

8. Full Name of Father,

Charles Wittler

9. Father's Occupation,

Ship builder

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schoarssen midwife

Address.

320 Hanover St.

Remarks,

RETURN OF A BIRTH 57253

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday 14th

4. Place of Birth, (Street and Number) 4 Concord Street

5. Full Name of Mother, Vera Bailey

6. Mother's Maiden Name, Rosah Donahen

7. Mother's Birthplace, Ireland

8. Full Name of Father, Timothy Donahen

9. Father's Occupation, Laborer

10. Father's Birthplace, Cork

Name of Medical Attendant, or other Person who makes this Return, Sarah Hadden

Address, 120 Greenmount Ave

Remarks,

RETURN OF A BIRTH 55654

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

2. Sex, (state whether male or female)

White

3. Race or Color, (if not of the white race)

4. Date of Birth,

May 14th 1882

5. Place of Birth, (Street and Number)

No 3 Potomac St.

6. Full Name of Mother,

Mrs Harriet Myers

7. Mother's Maiden Name,

Mrs Harriet Kelly

8. Mother's Birthplace,

New York

9. Full Name of Father,

Thomas Myers

10. Father's Occupation,

Labourer

11. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

Mrs Rachel A. Garrett

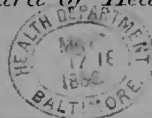
Address,

No 65 Burke St.

Remarks,

RETURN OF A BIRTH 55655

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, ..

Remarks,

female
colored
May the 14th 1882
Mcelderry court No 14
Schiner Rays
Schiner E. Frey
Washington D. C.
John M. Ray
Laborer
Elston Md
Mrs Caroline Fordos hooper court No 1

of the parents, and the maiden name of the mother of such number of children.

RETURN OF A BIRTH 55656

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1
1. Sex, (state whether male or female)..... Female 11011
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... 14 of May 1892
4. Place of Birth, (Street and Number)..... 9 Mullikin Street
5. Full Name of Mother,..... Laura E Jones
6. Mother's Maiden Name,..... Laura E Jones
7. Mother's Birthplace,..... Hycoconne, Kentucky
8. Full Name of Father,..... Joshua Jones
9. Father's Occupation,..... Druggist
10. Father's Birthplace,..... Baltimore MD
- Name of Medical Attendant, or other Person who makes this Return...... Hester G. Goshaw
- Address,..... 40 W. 1st St.
- Remarks,.....

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Write full name of the mother of the child or children.

1. Sex, (state whether 1st, 2d, 3d, &c.) 2

2. Sex, (state whether male or female) male

3. Race or Color, (if not of the white race) white

4. Date of Birth, 17 May

5. Place of Birth, (Street and Number) 210 Chase street

6. Full Name of Mother, Ada Iffing

7. Mother's Maiden Name, Berkart

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Henry Iffing

10. Father's Occupation, Tailor

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, N^o 48 Hall and St Balt

Remarks

RETURN OF A BIRTH 55658

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

Colored Race

4. Date of Birth,

May 17 1892

5. Place of Birth, (Street and Number)

222 Durham St

6. Full Name of Mother,

Sarah Kattin

7. Mother's Maiden Name,

Eastern Shore Accomac

8. Mother's Birthplace,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Lucinda Woolford

Address,

301 Register St

Remarks,

RETURN OF A BIRTH

7689

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan. 10, 1882

4. Place of Birth, (Street and Number) No. 11 South Street

5. Full Name of Mother, Rose Robinson

6. Mother's Maiden Name, Rose Foster

7. Mother's Birthplace, Anna Maria Virginia

8. Full Name of Father, John W. Robinson

9. Father's Occupation, Writer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return James Smoot

Address, 46 Calverton St

Remarks, _____

RETURN OF A BIRTH 55660

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

5261

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, May 14 1902

4. Place of Birth, (Street and Number) 11831 N. Pearl St

5. Full Name of Mother, Rose Buschman

6. Mother's Maiden Name, Gable

7. Mother's Birthplace, Germany

8. Full Name of Father, O. Ernst Buschman

9. Father's Occupation, Printer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 11831 N. Pearl St

Remarks, No 45 S. Mc...

RETURN OF A BIRTH, 15662

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 14 - '82

4. Place of Birth, (Street and Number)

53 N. Paca

5. Full Name of Mother

Louisa H. King

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

William John King

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return.

Louisa W. Knight M.D.

Address

112 N. Greene St

Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57663

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

11/1

4. Place of Birth (Street and Number)

1175 Landon St

5. Full Name of Mother

Margaret Jones

6. Mother's Maiden Name

Berry

7. Mother's Birthplace

Maryland

8. Full Name of Father

Joseph Jones

9. Father's Occupation

Staple

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Dr. K. W. M. D.

Address

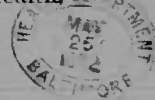
1175 Landon St

Remarks

RETURN OF A BIRTH

55664

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Female

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

May 14 '82

5. Place of Birth, (Street and Number)

9 Jefferson St

6. Full Name of Mother,

Caroline V. Conche

7. Mother's Maiden Name,

Hard

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

John W. Conche

10. Father's Occupation,

Printer

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Atwell

Address, 216 N. Dore St

Remarks,

RETURN OF A BIRTH 5566V

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, 14th May

4. Place of Birth, (Street and Number) 415 W. Pratt St.

5. Full Name of Mother, Lena Guback

6. Mother's Maiden Name, Dora Gerns

7. Mother's Birthplace, Prussia, Europe

8. Full Name of Father, Anton Guback

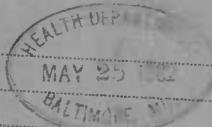
9. Father's Occupation, Taylor, Europe

10. Father's Birthplace, Prussia

Name of Medical Attendant, Dr. Guback
or other Person who makes this Return

Address, 124 W. Pratt St.

Remarks,



RETURN OF A BIRTH, 5566

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th & 5th (twins)

1. Sex (state whether male or female)

Male and Female

2. Race or Color, (if not of the white race)

3. Date of Birth

14th May 1882

4. Place of Birth, (Street and Number)

248 Argyle av.

5. Full Name of Mother

Fanny Doyle

6. Mother's Maiden Name

" Jackson

7. Mother's Birthplace

Balt.

8. Full Name of Father

John B. Boyle

9. Father's Occupation

Merchant

Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

H. W. Webster

Address

37 Bannock

Remarks

name of the mother of such child or children.

sex, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 55667

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth, 14 May

4. Place of Birth, (Street and Number) East St

5. Full Name of Mother, Elizabeth Dicks

6. Mother's Maiden Name, Morrison

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Dicks

9. Father's Occupation, Single

Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return A. Wildon

Address, Warner St 194

Remarks,

C. DULANEY & CO., CITY PRINTERS AND STATIONERS.

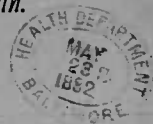
RETURN OF A BIRTH

556681

RETURN OF A BIRTH.

55668

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 15

4. Place of Birth (Street and Number)

1012 S. E. from Ave. Long...

5. Full Name of Mother

Elizabeth Reuppert

6. Mother's Maiden Name

Brown

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Brown

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. B. Pitman

Address

59 North Howard St.

Remarks

When, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55669

RETURN OF A BIRTH

55669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 15/89

4. Place of Birth, (Street and Number)

X 30 Parrish St

5. Full Name of Mother,

Laura Kirby

6. Mother's Maiden Name,

" Busby

7. Mother's Birthplace,

Annapolis Md

8. Full Name of Father,

Geo Kirby

9. Father's Occupation,

Black-Smith

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

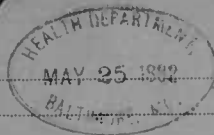
A L J Spicer M.D.
387 Grand Ave

Address

Remarks

RETURN OF A BIRTH 55670

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 15/82*
 4. Place of Birth, (Street and Number) *# 67 Camden St*
 5. Full Name of Mother, *Elizabeth S. Embrod*
 6. Mother's Maiden Name, *Elizabeth S. Muller*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charles Henry Embrod*
 9. Father's Occupation, *Confectioner*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Mrs Seebach*
 Address, *12 434 W. Scott St*
 Remarks,

RETURN OF A BIRTH 55671

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 9 Child*

2. Sex, (state whether male or female) *Male*

3. Race or Color, (if not of the white race) *white*

4. Date of Birth, *May the 15, 1882*

5. Place of Birth, (Street and Number) *Balt. Warner St. No. 31*

6. Full Name of Mother, *Isabel B. Melvin*

7. Mother's Maiden Name, *Polley*

8. Mother's Birthplace, *Baltimore, Md.*

9. Full Name of Father, *John H. Melvin*

10. Father's Occupation, *Coal dealer*

11. Father's Birthplace, *Hopk. Maine*

Name of Medical Attendant, or other person who makes this return

Address, *112 N. E. Ave.*

Remarks.

RETURN OF A BIRTH

55672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15th May 1877

4. Place of Birth, (Street and Number)

Globe Bldg. No. 11

5. Full Name of Mother,

Mr. Pacht

6. Mother's Maiden Name,

Mr. Pavarani

7. Mother's Birthplace,

Bahama

8. Full Name of Father,

Geo. Pacht

9. Father's Occupation,

Laborer

10. Mother's Birthplace,

Bahama

Name of Medical Attendant, or other Person who makes this Return

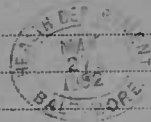
May Pacht

Address,

69 Washington St.

Remarks,

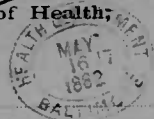
Mr. Pacht



RETURN OF A BIRTH 5673

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

geboren den 15^{ten} März

5. Place of Birth, (Street and Number)

N^o 159. Schapsel Str

6. Full Name of Mother,

Barbara Gilden

7. Mother's Maiden Name,

Barbara Diehlein

8. Mother's Birthplace,

Deutschland

9. Full Name of Father,

Wichholt Gilden

10. Father's Occupation,

Handarbeiter

11. Father's Birthplace,

Deutschland

Name of Medical Attendant, or other Person who makes this Return

Friedrich Kaufmann

Address,

N^o 202 St. Muller Str

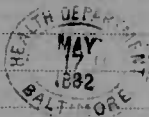
Remarks,

Heim

RETURN OF A BIRTH 55674

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Children*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15th May 1882*
4. Place of Birth, (Street and Number) *No 10 Wall St*
5. Full Name of Mother, *Christina Gernsbauer*
6. Mother's Maiden Name, *Christina Chan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Gernsbauer*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Sabine Quilley*
- Address, *No 10 Wall St*
- Remarks.



RETURN OF A BIRTH 106701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15th of May 1882*
4. Place of Birth, (Street and Number) *394 East Urban street.*
5. Full Name of Mother, *Fanny Gibson*
6. Mother's Maiden Name, *Fanny River.*
7. Mother's Birthplace, *Lille Hand Samsetts county.*
8. Full Name of Father, *Louis River.*
9. Father's Occupation, *Laborman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes the Return *Crescentia Kunkel*
- Address, *11 South Chappel street per Justina Kunkel*
- Remarks, *Healthy*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

55676

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 15 - 1892

4. Place of Birth (Street and Number)

49 Stiles St.

5. Full Name of Mother

Mary Brown

6. Mother's Maiden Name

Mary Miller

7. Mother's Birthplace

Bald.

8. Full Name of Father

George Brown

9. Father's Occupation

Wholesale

10. Father's Birthplace

Bald.

Name of Medical Attendant, or other Person who makes this Return.

R. M. Hall M.D.

Address

262 Sharp St.

Remarks

RETURN OF A BIRTH *5277*

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *12*

2. Sex, (state whether male or female) *Female*

3. Race or Color, (if not of the white race)

4. Date of Birth, *May 15 - 1882*

5. Place of Birth, (Street and Number) *328 Register St.*

6. Full Name of Mother, *Anna Maria Btz*

7. Mother's Maiden Name, *Lundroch*

8. Mother's Birthplace, *Germany*

9. Full Name of Father, *Wm Btz*

10. Father's Occupation, *Unterthaler*

11. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary Stein*

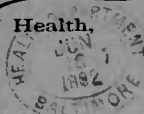
Address, *151 E Pratt St.*

Remarks,

RETURN OF A BIRTH 55678

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. ~~Is~~ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

2. Sex, (state whether male or female) *Female*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *13th May*

5. Place of Birth, (Street and Number) *35 N Schroeder St*

6. Full Name of Mother, *Annie Elizabeth McKeldin*

7. Mother's Maiden Name, *" " Gardiner*

8. Mother's Birthplace, *Baltimore Md*

9. Full Name of Father, *Victor James McKeldin*

10. Father's Occupation, *Machinist*

11. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return

Address, *Mrs. Sumley.
Rd 60 Schroeder St*

Remarks,

RETURN OF A BIRTH 55679

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 15, 1882

4. Place of Birth, (Street and Number) 239 S. Carroll St

5. Full Name of Mother, Elizabeth T. Hartman

6. Mother's Maiden Name, " " Seidenstricker

7. Mother's Birthplace, Bath, Md.

8. Full Name of Father, Edward J. Hartman

9. Father's Occupation, Clerk

10. Father's Birthplace, Bath, Md.

Name of Medical Attendant, J. Hartman M.D.
or other Person who makes this Return

Address, 230 S. Carroll St.

Remarks.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

16th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White Child

3. Date of Birth,

May 15th 1882

4. Place of Birth, (Street and Number)

84 South Poppleton St

5. Full Name of Mother

Kate Clark

6. Mother's Maiden Name.

Kate Mullon

7. Mother's Birthplace,

New York

8. Full Name of Father.

James Clark

9. Father's Occupation,

Machinist

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Kate Cross

Address,

74 South Fremont St.

Remarks,

RETURN OF A BIRTH 55681

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16th day of May.*
4. Place of Birth, (Street and Number) *No. 41. Baggess st.*
5. Full Name of Mother, *Anna S. Shimek*
6. Mother's Maiden Name, *Anna Krabec*
7. Mother's Birthplace, *No. 41 Baggess Malerin*
8. Full Name of Father, *James Shimek*
9. Father's Occupation, *Taylor.*
10. Father's Birthplace, *Hajek.*
- Name of Medical Attendant, or other Person who makes this return *Jos. J. Condra*
- Address.....
- Remarks.....

RETURN OF A BIRTH 55682

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child
Male



2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

May 16th 1882
No 2757 Bathresco av.
Caroline Bruttner
Grimmel

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Germany
John A. Bruttner
Shoemaker
Germany

Name of Medical Attendant, or other Person who makes this Return

Address

J. Schwaiger midwife
330 Hanover st.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

55683

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 16th 1882

4. Place of Birth (Street and Number)

357 Lexington St.

5. Full Name of Mother

Sarah Janehill

6. Mother's Maiden Name

Short

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Millard Fillmore Janehill

9. Father's Occupation

Mechanic

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

Wm W. Murray M.D.

Address

Remarks

308 W Fayette St

RETURN OF A BIRTH, 55684

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 20 1882

BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 16th 1882

4. Place of Birth, (Street and Number)

76 E. Biddle St

5. Full Name of Mother

Margaret Langlais

6. Mother's Maiden Name

Ellis

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Henry C. Langlais

9. Father's Occupation

Painter

10. Father's Birthplace

England

Name of Medical Attendant, or other Person who makes this Return.

H. B. Fetterbach, M.D.

Address

205 W. Biddle St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 55684

RETURN OF A BIRTH 55685

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Girl - Boy

2. Race or Color, (if not of the white race) White.

3. Date of Birth, May 16th 1882.

4. Place of Birth, (Street and Number) No 4 Beathurst St.

5. Full Name of Mother, Amalia Schildwechter.

6. Mother's Maiden Name, Klingel.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Herman Schildwechter.

9. Father's Occupation, Butcher.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Schmitt.

Address, No 528 Penn Ave

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55686

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 16th 1892*

4. Place of Birth (Street and Number) *447 Mount St = Balto =*

5. Full Name of Mother *Mary Harmon*

6. Mother's Maiden Name *Mary Pace*

7. Mother's Birthplace *Accomac Pa-*

8. Full Name of Father *Henry Harmon =*

9. Father's Occupation *Plasterer =*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who
to whom this Return.

Address *241 Linden St*

Remarks *=*

RETURN OF A BIRTH

55687

RETURN OF A BIRTH 55687

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th May 1882
4. Place of Birth, (Street and Number) Baltimore Washington 28 No 40
5. Full Name of Mother, Mollie Smith
6. Mother's Maiden Name, M. Smith
7. Mother's Birthplace, Germany
8. Full Name of Father, J. Smith
9. Father's Occupation, Labour
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes the Return Mrs. L. Mary
Address 1941 Washington St
Remarks Mary J. Smith

RETURN OF A BIRTH 52881

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th May 1882

4. Place of Birth, (Street and Number) 2010 Chappel St

5. Full Name of Mother, Barbara Martinich

6. Mother's Maiden Name, Ber. Belina

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Michael Martinich

9. Father's Occupation, Sailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Dr. Joseph

Address, 59 Washington St

Remarks, Mary Joseph



RETURN OF A BIRTH 5689

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 167 May 1892

4. Place of Birth, (Street and Number) Balto. City, Md.

5. Full Name of Mother, Barbara Dausch

6. Mother's Maiden Name, Bar. Dose

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jos. Dose

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this return Mary Dosech

Address, 69 Washington St.

Remarks, Mary Dosech

RETURN OF A BIRTH 55690

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

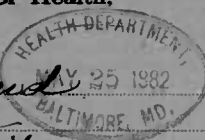
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Second
Male
White

May 16/82
16 Chestnut St.

Anna M. Mencken
Anna M. Mencken
Baltimore

August Mencken
Liggett Manufacturing
Baltimore

Mrs. Katharine Seebach
254 W. Pratt St.

RETURN OF A BIRTH.

55691

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

May 16

4. Place of Birth (Street and Number)

228 Wilkins St.

5. Full Name of Mother

Mary Coen Dempsey

6. Mother's Maiden Name

Coen

7. Mother's Birthplace

Ireland

8. Full Name of Father

Thomas Dempsey

9. Father's Occupation

Engineer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

D. J. P. Ellis
1313 Light St.

Address

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 58692

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *16 May -*
5. Place of Birth, (Street and Number) *223 N. Caroline St.*
6. Full Name of Mother, *Annie E. Miller*
7. Mother's Maiden Name, *Remley*
8. Mother's Birthplace, *Balto*
9. Full Name of Father, *Charles W. Miller*
10. Father's Occupation, *Rectifier of Liquors*
11. Father's Birthplace, *Balto*
12. Name of Medical Attendant, or other Person who makes this Return *J. J. Gross*
13. Address, *137 Orleans St.*
14. Remarks,

55673

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

17th May 1889

4. Place of Birth (Street and Number)

5 James Alley

5. Full Name of Mother

Elizabeth Shady

6. Mother's Maiden Name

"Meriel"

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Shady

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

W. R. Haskin

Address

134 Remonding St

Remarks

Living Well

condition, whether still born or not, the full name, nativity, and residence of the mother, and the name of the mother of such child or children.

RETURN OF A BIRTH *5694*

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Bond*
2. Sex, (state whether male or female) *Mädchen*
3. Date of Birth, *geboren den 17ten May*
4. Place of Birth, (Street and Number) *No 275. Dallas Str*
5. Full Name of Mother, *Catharine Fischhoff*
6. Mother's Maiden Name, *Catharine Seider*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wilhelm Fischhoff*
9. Father's Occupation, *Schuhmacher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Raupmann*
- Address, *No 222. S. Dallas Str*
- Remarks, *Heim*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the name of the mother of such child, or children.

RETURN OF A BIRTH 55696

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th abatement not maintained

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 17th 1882*
4. Place of Birth, (Street and Number) *181 n. Eyster st*
5. Full Name of Mother, *Matilda Webster*
6. Mother's Maiden Name, *Matilda Billmeyer*
7. Mother's Birthplace, *Carroll Co Md*
8. Full Name of Father, *John Webster*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return. *E. C. Baldwin*

Address, *124 n Eyster*

Remarks,

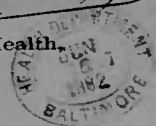
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1897

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Boys ² Lucius

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

May 17

5. Place of Birth, (Street and Number)

769 West Pratt Street

6. Full Name of Mother,

Anna Korff

7. Mother's Maiden Name,

Hanna Reich

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Herdingard Korff

10. Father's Occupation,

Cabinet maker

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return

Mrs. Dwyer

Address,

100 E. Howard St.

Remarks,

On the return of a birth, the parent or other person who makes this return shall be liable to a fine of not more than \$100 and to imprisonment for not more than 30 days.

RETURN OF A BIRTH 5698

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, May the 17, 1892

4. Place of Birth, (Street and Number) 17 Bond St. B.

5. Full Name of Mother, Lizzie Beards

6. Mother's Maiden Name, Lizzie Beards

7. Mother's Birthplace, Balt. City

8. Full Name of Father, George Beards

9. Father's Occupation, Cooper

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

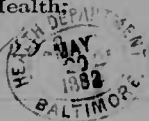
Address, 1212 N. E. St.

Remarks,

RETURN OF A BIRTH 51699

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. May 19th



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 17th 1882

4. Place of Birth, (Street and Number) 48 Roe Street

5. Full Name of Mother, Henriette Friedrich

6. Mother's Maiden Name, Henriette Wies

7. Mother's Birthplace, Germany

8. Full Name of Father, George Friedrich

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, 131 South Wolfe St

Remarks, 117

In this certificate, the full maiden name of the mother of an infant child or children.

RETURN OF A BIRTH

55700

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *No. 1*
 1. Sex, (state whether male or female)... *Male*
 2. Race or Color, (if not of the white race)... *White*
 3. Date of Birth, *the 17. of May*
 4. Place of Birth, (Street and Number) *No. 298. Egle and Blackland St.*
 5. Full Name of Mother, *Mary Beard*
 6. Mother's Maiden Name, *Mary Semlin*
 7. Mother's Birthplace, *Washington*
 8. Full Name of Father, *James Semlin*
 9. Father's Occupation, *Planer*
 10. Father's Birthplace, *Philadelphia*
 Name of Medical Attendant, or other Person who makes this Return, *Geo. Christina James*
 Address, *117 Waverley*
 Remarks, *1881*

of the parents, and the maiden name of the mother of a son must be given.

RETURN OF A BIRTH

55701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12th

4. Place of Birth, (Street and Number) 126 Grant St.

5. Full Name of Mother, Catherine Münch

6. Mother's Maiden Name, Chaim

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Münch

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia A. ...

Address,

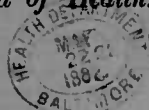
Remarks,

to be filled out, whether child is born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, *NS 702*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 17 1882

4. Place of Birth, (Street and Number)

337 Madison Avenue

5. Full Name of Mother

Mary Catherine Brown Hopkins

6. Mother's Maiden Name

St. Catherine Brown

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Luther Hopkins

9. Father's Occupation

Merchant

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

W. Riley M. D.

Address

306 Madison Avenue

Remarks

RETURN OF A BIRTH *NS 703*

RETURN OF A BIRTH ⁵⁵⁷⁰³

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2nd}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 17th 1882

4. Place of Birth, (Street and Number)

Male, Mat. Hospt 161 W Lombard

5. Full Name of Mother,

Rosa Lee

6. Mother's Maiden Name,

Rosa Coonan

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Samuel J Lee

9. Father's Occupation,

Seaman

10. Father's Birthplace,

St. Poge M^cIntosh

Name of Medical Attendant,

or other Person who makes this Return

Address,

Resident Phy. Maternity Hospt 161 W Lombard

Remarks,

Prolapsed Cord from insertion
Forceps Male child & 229 W 10th OK

55704

HEALTH DEPARTMENT
MA
23
1922
BOSTON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, May 14
4. Place of Birth, (Street and Number) Stack House St no 8
5. Full Name of Mother, Anna Smith
6. Mother's Maiden Name, Call
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Parker Smith
9. Father's Occupation, single
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return A Wilson
Address, Warner St 144
Remarks,

RETURN OF A BIRTH *55705*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. ...

Address,

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55706

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 17th 1882*
4. Place of Birth (Street and Number) *769 W. Saratoga*
5. Full Name of Mother *Margaret Jane Zimmerman*
6. Mother's Maiden Name *Margaret Jane Stille*
7. Mother's Birthplace *Baltimore County Md*
8. Full Name of Father *William E. Zimmerman*
9. Father's Occupation *Commissioned Merchant*
10. Father's Birthplace *Baltimore County Md*
- Name of Medical Attendant, or other Person who makes this Return. *P. S. Fields M.D.*
- Address *507 W. Fayette Street*
- Remarks

RETURN OF A BIRTH *55707*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Printed by the Baltimore City Health Department, Baltimore, Md.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 17th 1882*
4. Place of Birth, (Street and Number) *256 Eastern Ave. Extended*
5. Full Name of Mother, *Jessie Miller Winick*
6. Mother's Maiden Name, *Jessie Miller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Henry Winick*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary E. Winick*
- Address, *171 North Washington St.*
- Remarks,

RETURN OF A BIRTH 58708

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

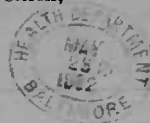


On this statement, the true and correct name of the mother of such child or children.

1. Sex, (state whether 1st, 2d, 3d, &c.) 5th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 17th
5. Place of Birth, (Street and Number) No 130. Gough St
6. Full Name of Mother, Miss Elizabeth Fields
7. Mother's Maiden Name, Johnson
8. Mother's Birthplace, Baltimore
9. Full Name of Father, James Fields
10. Father's Occupation, Clerk
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other Person who makes this Return, Mrs. Polke
13. Address, No 55. S. Bond St
14. Remarks,

RETURN OF A BIRTH 55709

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

2. Sex, (state whether male or female) White

3. Race or Color, (if not of the white race) Female

4. Date of Birth, May 17th

5. Place of Birth, (Street and Number) 307 S. Bond St

6. Full Name of Mother, Mrs. Louisa Humphreys

7. Mother's Maiden Name, Hulse

8. Mother's Birthplace, Baltimore

9. Full Name of Father, John Humphreys

10. Father's Occupation, Brick Layer

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Gatzke

Address, 55 S. Bond St

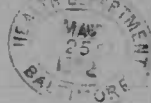
Remarks,

of the mother of such child or children.

RETURN OF A BIRTH 55710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female
Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

33 Miller St

4. Place of Birth, (Street and Number)

May 17 '1882

5. Full Name of Mother,

Howard & Schott

6. Mother's Maiden Name,

Louise

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John H Schott

9. Father's Occupation,

Wagon Driver

● Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

Mary A. Ahlert

Address, *446 St. Lawrence St*

Remarks,

RETURN OF A BIRTH 55711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18 of May 1882

4. Place of Birth, (Street and Number)

34 Burk St

5. Full Name of Mother,

Mary Louisa Bond

6. Mother's Maiden Name,

Erhart

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Samuel Bond

9. Father's Occupation,

Iron Roller

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55712

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) African
- Date of Birth, 18 May
- Place of Birth, (Street and Number) 12 Kington St
- Full Name of Mother, Emma Pennock
- Mother's Maiden Name, Evans
- Mother's Birthplace, Baltimore
- Full Name of Father, Samuel Pennock
- Father's Occupation, Bookbinder
- Father's Birthplace, Baltimore
- Name of Medical Attendant, Dr. J. C. Smith
or other Person who makes this Return.
- Address, 12 Kington St
- Remarks,

within six days of the birth, stating distinctly the date of birth, sex, full color of the child of the child, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55713

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

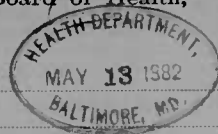


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 18, 1882
4. Place of Birth (Street and Number) 79 St. Paul St.
5. Full Name of Mother Murray
6. Mother's Maiden Name
7. Mother's Birthplace Delaware
8. Full Name of Father Murray
9. Father's Occupation Clerk
10. Father's Birthplace Delaware
- Name of Medical Attendant, or other Person who makes this Return. J. H. Bennett M.D.
- Address 4 Cathedral St.
- Remarks

RETURN OF A BIRTH. 55714

RETURN OF A BIRTH 55714

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, May 18 1882

4. Place of Birth, (Street and Number) Pearl St Baltimore No 178

5. Full Name of Mother, Mary E Eddy

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Eddy

9. Father's Occupation, carpenter

Father's Birthplace, Bradford co Pa

Name of Medical Attendant, or other Person who makes this Return

Mary A Dorey
83 Oxford St

Remarks.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55715

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th, 6 child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 11th 4th 1892

4. Place of Birth (Street and Number) 262 Eutan St.

5. Full Name of Mother Lena Kristbaum

6. Mother's Maiden Name Lena Louis

7. Mother's Birthplace Germany

8. Full Name of Father John Kristbaum

9. Father's Occupation Mechanic

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return L. H. L. Tapp H. H.

Address 49 Hill St.

Remarks

RETURN OF A BIRTH 55716

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and of the person who makes this return.

RETURN OF A BIRTH.

52716

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

May 18th 1882

4. Place of Birth (Street and Number)

no 142 Diamond St

5. Full Name of Mother

Ella Jones

6. Mother's Maiden Name

Gooseberry

7. Mother's Birthplace

Eastern Shore

8. Full Name of Father

Henry Jones

9. Father's Occupation

Walter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Sarah J. Javall

Address

no 9 Jasper St

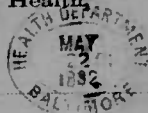
Remarks

born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55717

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14.

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 18.7. May.

4. Place of Birth, (Street and Number) 24 East Madison street Baltimore City.

5. Full Name of Mother, Augusta Rappel.

6. Mother's Maiden Name, Augusta Spettler.

7. Mother's Birthplace, Germany Prussia.

8. Full Name of Father, John Rappel.

9. Father's Occupation, Carver and Joiner.

10. Father's Birthplace, Germany Prussia.

Name of Medical Attendant, or other Person who make this Return, Leasbra King, M.D.

Address, 1216 E. Lombard street B. M.

Remarks,

RETURN OF A BIRTH

55718

RETURN OF A BIRTH

5718

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd
 1. Sex, (state whether male or female)..... Female
 2. Race or Color, (if not of the white race)..... Colored
 3. Date of Birth,..... May 18th
 4. Place of Birth, (Street and Number) No 110 S. Caroline St
 5. Full Name of Mother, Caroline Elgarie Lovedy
 6. Mother's Maiden Name, Caroline Elgarie Bushfield
 7. Mother's Birthplace, Baltimore City
 8. Full Name of Father, Charles H. Lovedy
 9. Father's Occupation, Butcher
 10. Father's Birthplace, Baltimore City
 Name of Medical Attendant, or other Person who makes this Return, Mrs. H. Knowles
 Address, No 136 S. Caroline St
 Remarks, Natural

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55719

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3?

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 18

4. Place of Birth, (Street and Number)

Mad. Ave & Dolphin

5. Full Name of Mother,

Ella Reister

6. Mother's Maiden Name,

Gillingham

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Wilson G. Reister

9. Father's Occupation,

late Physician

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

J. M. Wilson

Address,

251 Mad. Ave.

Remarks,

RETURN OF A BIRTH 55720

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

9th

Female

May 12 1892

41 E. 1st St. near creek

Anna Schaefer

Wessex

Wessex

George Schaefer

Housekeeper

Wessex

Mary Mohr

432 1/2 E. 1st St



of the parents, and the maiden name of the mother of such child or children.

CLARK & CO., CITY PRINTERS AND STATIONERS

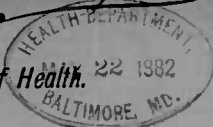
RETURN OF A BIRTH

55721

within six days thereafter, stating distinctly the date of birth, sex, with parent or the name of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

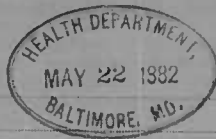
Remarks

Mary 4 18 1888 Male
Mary Johnson Born Maryland
Leo Matthews Waiting
Lucy Leamy no 13 Jordan alby

RETURN OF A BIRTH.

5722

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

May 18th

4. Place of Birth (Street and Number)

87. W Schroder

5. Full Name of Mother

Maria Kate

6. Mother's Maiden Name

Benzel

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Fred. Gosawisch

9. Father's Occupation

Driver

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. L. L. Mawley

Address

131 W Fayette St

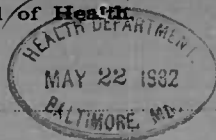
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 10th 1932.

4. Place of Birth, (Street and Number)

No 4 Reister st.

5. Full Name of Mother,

Maggie Welch.

6. Mother's Maiden Name,

" Klinger.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Welch.

9. Father's Occupation,

Ice driver

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Schmitt

Address,

No 520 Penn Ave

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

55724

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) _____
3. Date of Birth *May 18th '82*
4. Place of Birth (Street and Number) *# 372 Hamburg St.*
5. Full Name of Mother *Arny A. Joyce*
6. Mother's Maiden Name *Arny A. Shipley*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *John Joyce*
9. Father's Occupation *Laborn*
10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

J. Tyler Smith
221 Barr St.

Address

Remarks

Natural Labor

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 15*

4. Place of Birth, (Street and Number) *1111 Lloyd Street*

5. Full Name of Mother, *Mary Gann*

6. Mother's Maiden Name, *McLure*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Jim Gann*

9. Father's Occupation, *Horsecatcher*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Dr. Rosa May*

Address, *148 Holland Street*

Remarks,

RETURN OF A BIRTH

15726

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 May
4. Place of Birth, (Street and Number) 17 Weymouth street
5. Full Name of Mother, Maria Frank
6. Mother's Maiden Name, Schubert
7. Mother's Birthplace, Russia
8. Full Name of Father, Cyril Frank
9. Father's Occupation, bell maker in W. Schaefer's foundry
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return Dr. Rosa M. Long
- Address, 48 Holland street
- Remarks,

15727

RETURN OF A BIRTH

5727

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of May 1882
4. Place of Birth, (Street and Number) Baltimore 297 Mac. Eldery st near Burke
5. Full Name of Mother, Mary B. Bollinger
6. Mother's Maiden Name, Mary Ruth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Bollinger
9. Father's Occupation, Sabrer
10. Father's Birthplace, Germany
- Name of Medical Attendant, Therietta Glasscoe
or other Person who makes this Return
- Address, Mac Eldery st extend
- Remarks, In good health

RETURN OF A BIRTH 55728

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, etc.) 2
2. Race or Color, (if not of the white race) male
3. Date of Birth, colored
4. Place of Birth, (Street and Number) May 18
5. Full Name of Mother, 4 Edward st
6. Mother's Maiden Name, Lilly Ellis
7. Mother's Birthplace, Lilly Bally
8. Full Name of Father, Baltimore Md
9. Father's Occupation, Robert Ellis
10. Father's Birthplace, laborer
- Name of Medical Attendant, or other Person who makes this Return Baltimore Md
- Address, Mrs Leah Johnson
- Remarks, Health Child
- 131 short st



RETURN OF A BIRTH.

55729

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



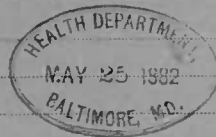
- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White Ecolord
3. Date of Birth May 18th 1882
4. Place of Birth (Street and Number) No 4 Calvert Court
5. Full Name of Mother Bessie Robertson
6. Mother's Maiden Name Bessie Robertson
7. Mother's Birthplace Baltimore
8. Full Name of Father Cornelius Robertson
9. Father's Occupation Farmer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who delivers this Infant. Mrs. Caroline Miller
- Address No 5 Walker St Baltimore
- Remarks

within six days thereafter, stating briefly the time of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

557/30

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, May 18th 1882

4. Place of Birth, (Street and Number) No. 44 Greenwillow St.

5. Full Name of Mother, Maracda Wilson

6. Mother's Maiden Name, Unknown

7. Mother's Birthplace, Cumberland Md.

8. Full Name of Father, James Wilson

9. Father's Occupation, Laborer

10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other Person who makes this return F. B. Gardner M. D.

Address, No. 120 N. Greene St.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

557/31

with six days, stating whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55731

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male
White
May 19

69 Madison St

Caroline Parker

Barker

Eastern Shore, Maryland

Parkinson, Parker

Labourer

Baltimore

Dr. J. B. Baker

59 North Madison St

When six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 15732

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19th

4. Place of Birth, (Street and Number) 28 S. Bond St.

5. Full Name of Mother, Mrs. Elizabeth W. Healey

6. Mother's Maiden Name, Ballinmore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. G. Gatzert

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr. Gatzert

Address, 54 S. Bond St.

Remarks,

RETURN OF A BIRTH 55733

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



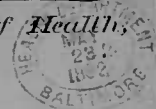
of the parents, and the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
2. S. x, (state whether male or female) male
3. Race or Color, (if not of the white race) colored
4. Date of Birth, May 19
5. Place of Birth, (Street and Number) 19 Short St
6. Full Name of Mother, Fannie Distance
7. Mother's Maiden Name, Fannie Trusty
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Mal Distance
10. Father's Occupation, laborer
11. Father's Birthplace, Baltimore Co
12. Name of Medical Attendant, or other Person who makes this Return Mrs. Leah Johnson
13. Address, no 31 Short St
14. Remarks, healthy child

RETURN OF A BIRTH

5734

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *No 1 Cor. Diamond Alley and Cross st*

4. Place of Birth, (Street and Number) *May 19th 1882*

5. Full Name of Mother, _____

6. Mother's Maiden Name, *Larnie Geneford*

7. Mother's Birthplace, *Colebert County*

8. Full Name of Father, *George Genenby*

9. Father's Occupation, *Golding*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return. *Charlotte Gouldborough*

Address, _____

Remarks, *87 more at*
The baby's dead and please come get

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *Coolar*
 3. Date of Birth, *may 19th*
 4. Place of Birth, (Street and Number) *143 islan st*
 5. Full Name of Mother, *Josephine Johnson*
 6. Mother's Maiden Name, *Brown*
 7. Mother's Birthplace, *Bent island*
 8. Full Name of Father, *Levitt grass*
 9. Father's Occupation, *single*
 10. Father's Birthplace, *Balto*
 Name of Medical Attendant, or other Person who makes this Return *Dr. H. D. Brown*
 Address, *392 E. Tawit St*
 Remarks, -

RETURN OF A BIRTH *5736*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *May 19*

4. Place of Birth, (Street and Number) *43 Edgewood St*

5. Full Name of Mother, *Mary Lapp*

6. Mother's Maiden Name, *not married*

7. Mother's Birthplace, *Fredrick Md*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return *Mrs Kate Johnson*

Address, *no 31 West St*

Remarks, *healthy child*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name - Harry I. Jackson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fourth

Male

White

May 19, 1882

34 S. Stricker st

Sarah M. Jackson

Brook

New Jersey

William Jackson

Traveling Salesman

London England

John H. Reid, U.S.

322 Hollins St.

fine babe

of the parents, and the maiden name of the mother of such child or children."

Within six days hereafter, stating distinctly the name of child, sex, the color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

May 19-1882

4. Place of Birth (Street and Number)

418 E. Paca

5. Full Name of Mother

Elizabeth Heidrich Tropisch

6. Mother's Maiden Name

Elizabeth Heidrich

7. Mother's Birthplace

Germany

8. Full Name of Father

Paul Hugo Tropisch

9. Father's Occupation

Piano-maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

C. E. McDowell M.D.

Address

642 W. Fayette St.

Remarks

RETURN OF A BIRTH 55739

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5729

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 19th 1882

4. Place of Birth, (Street and Number)

411 Canton St

5. Full Name of Mother,

Mary Hartman

6. Mother's Maiden Name,

Higdon

7. Mother's Birthplace,

America

8. Full Name of Father,

George Hartman

9. Father's Occupation,

Laborer

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwastler midwife

Address

330 Hanover St

Remarks

RETURN OF A BIRTH 55740

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child
 1. Sex, (state whether male or female) ~~not~~ *Male* *Heinrich*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *1902 May 15 1882*
 4. Place of Birth, (Street and Number) *413 Eastern Ave*
 5. Full Name of Mother, *Mary Lizzie Brown*
 6. Mother's Maiden Name, *Waterman*
 7. Mother's Birthplace, *Cumberland*
 8. Full Name of Father, *Jullio Brown*
 9. Father's Occupation, *Salesman*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*
 Address, *No 10 Patterson St*
 Remarks,

No. 10 Patterson St, Baltimore, Md. (For full name of the mother of each child or children.)

RETURN OF A BIRTH

55741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

May 19th 1882



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19th 1882.

4. Place of Birth, (Street and Number) 46 Gough St.

5. Full Name of Mother, Mary Haag.

6. Mother's Maiden Name, Mary Franz.

7. Mother's Birthplace, Germany.

8. Full Name of Father, George Haag.

9. Father's Occupation, Bakery.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend.

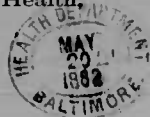
Address, 137 South Wolfe St.

Remarks, CP

RETURN OF A BIRTH 55742

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female) ...

Birth,
Male

2. Race or Color, (if not of the white race) ...

White

3. Date of Birth, ...

May 19th 1882

4. Place of Birth, (Street and Number) ...

No. 18 Harris Alley

5. Full Name of Mother, ...

Mrs. Johanna Cassidy

6. Mother's Maiden Name, ...

Miss Johanna Moriarty

7. Mother's Birthplace, ...

Cumberland

8. Full Name of Father, ...

Edward Cassidy

9. Father's Occupation, ...

Laborer

10. Father's Birthplace, ...

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Garrett

Address, ...

No. 65 Burke St.

Remarks, ...

Missing 55743

RETURN OF A BIRTH 55740,

RETURN OF A BIRTH

5740

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 19 1882

4. Place of Birth, (Street and Number) #175 S. Bethel St

5. Full Name of Mother, Frederica Herold

6. Mother's Maiden Name, Bauer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Carl Herold

9. Father's Occupation, Schormaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, 236 Canton Ave

Remarks,

RETURN OF A BIRTH

55745

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) .

3. Date of Birth, *May 19*

4. Place of Birth, (Street and Number) *Daugherty*

5. Full Name of Mother, *Daugherty*

6. Mother's Maiden Name, *Daugherty*

7. Mother's Birthplace, *Daugherty*

8. Full Name of Father, *Daugherty*

9. Father's Occupation, *Daugherty*

10. Father's Birthplace, *Daugherty*

Name of Medical Attendant, or other Person who makes this Return *Daugherty*

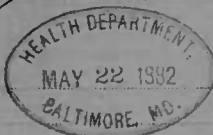
Address, *Daugherty*

Remarks, *Daugherty*

55746

RETURN OF A BIRTH 5746

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 19th 1902

4. Place of Birth, (Street and Number)

No 406 Penn Ave.

5. Full Name of Mother,

Mollie Bayler

6. Mother's Maiden Name,

Mollie Levin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Bayler

9. Father's Occupation,

Retail in milk business

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Charles L. H. Schmitt

Address,

No 528 Penn Ave.

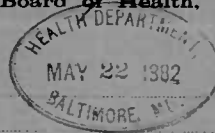
Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 5747

RETURN OF A BIRTH 15747

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 17/1902.
4. Place of Birth, (Street and Number) No 409 Stricker st.
5. Full Name of Mother, Florence Peters
6. Mother's Maiden Name, " Montles.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Thomas Peters.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, or other Person who makes this Return Elizabeth Schmitt
Address, No 520 Penn ave.
Remarks,

For the Registrar, state the full name of the mother of such child or children.

RETURN OF A BIRTH

55748

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 10

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 20th

4. Place of Birth, (Street and Number)

No. 348 Clough St

5. Full Name of Mother,

Age 34

6. Mother's Maiden Name,

Age 34

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Hemming

9. Father's Occupation,

Carter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs. Christina Sauer

Remarks,

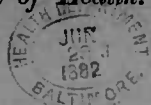
113. Hager Ave.

1892

RETURN OF A BIRTH, 55749

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 24th 1882

4. Place of Birth, (Street and Number) No 10² Greenmount St

5. Full Name of Mother Christina Behrman

6. Mother's Maiden Name Christina Inzer

7. Mother's Birthplace Balto

8. Full Name of Father Henry Behrman

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Hilliger

Address 1826 Monument St

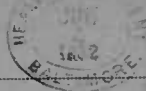
Remarks

Signature, whether full name or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH 55750

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



If the mother is not the mother of the child, state the name of the mother of the child.

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return _____

Address, _____

Remarks, _____

RETURN OF A BIRTH ²⁵⁷¹

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The second*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

the 20th Day of May 1882

4. Place of Birth, (Street and Number)

Kensington Street No 12.

5. Full Name of Mother,

Virginia Weinhardt.

6. Mother's Maiden Name,

to Virginia, Glos.

7. Mother's Birthplace,

Wurtemberg, Kingdom, Wurtemberg.

8. Full Name of Father,

Charles, Gottlob, Weinhardt.

9. Father's Occupation,

Confectioner.

10. Father's Birthplace,

Ravensburg, Kingdom, Wurtemberg.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Meunier.

Address,

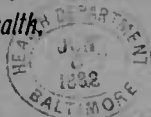
Corner Little Montgomery and Leadenhall Sts.

Remarks,



RETURN OF A BIRTH. 15753

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 20th 1892

4. Place of Birth (Street and Number)

Fremont & Franklin Sts

5. Full Name of Mother

Sarah Jane Ray McLean

6. Mother's Maiden Name

" " " Snell

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John W. McLean

9. Father's Occupation

Telegraph Operator

10. Father's Birthplace

Scotland

Name of Medical Attendant, or other Person who makes this Return.

James Gibbons M.D.

Address

47 Edmondson Ave

Remarks

When a child is born, the parent or guardian, or other person who makes this return, shall state the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH 5754

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 20th, - 2:20 P.M.,

4. Place of Birth, (Street and Number)

Stamberg St.

5. Full Name of Mother,

Elychett Reven

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Theodor Reven

9. Father's Occupation,

Boiler

10. Father's Birthplace,

Wind. Elder. Dec. 1850.

Name of Medical Attendant, or other Person who attended this Person.

Address,

1. E. Cor. Columbia Ave. & Fremont St.

Remarks,

Child in good physical condition & living

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



and parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 20th*

4. Place of Birth, (Street and Number) *No. 14 Front st*

5. Full Name of Mother, *Anna Catherine Seinkach*

6. Mother's Maiden Name, *Möller*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Paul Seinkach*

9. Father's Occupation, *Doctor*

10. Father's Birthplace, *Germany*

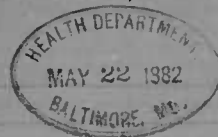
Name of Medical Attendant, or other Person who makes this Return *Dr. J. S. Simon*

Address,

Remarks.

RETURN OF A BIRTH ⁵⁷⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

2. Sex, (state whether male or female) *Boy*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *20 of May 1882*

5. Place of Birth, (Street and Number) *261 Eden Street*

6. Full Name of Mother, *Sophona King*

7. Mother's Maiden Name, *Sophona Kutschenreider*

8. Mother's Birthplace, *Baltimore*

9. Full Name of Father, *Meck Kutschenreider*

10. Father's Occupation, *Tavern Keeper*

11. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who make this Return *Ernestina Dunkel*

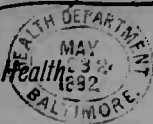
Address, *11 North Chappel street per Justina Dunkel*

Remarks, *Healthy*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *46th May 20 1888*

4. Place of Birth (Street and Number) *46 Walker St*

5. Full Name of Mother *Sallie Riley*

6. Mother's Maiden Name *Sallie Butler*

7. Mother's Birthplace *Friedrich Md*

8. Full Name of Father *Joseph Steven Riley*

9. Father's Occupation *Brickmaker*

10. Father's Birthplace *Balto. Md*

Name of Medical Attendant, or other Person who makes this Return.

Address *44 Walker St*

Remarks

Catherine Riley

RETURN OF A BIRTH

RETURN OF A BIRTH

55758

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *Colored*
4. Date of Birth, *May 21 / 82*
5. Place of Birth, (Street and Number) *119 Chapel St*
6. Full Name of Mother, *Elizabeth*
7. Mother's Maiden Name, *Ed. Martin*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Ed. Curtis*
10. Father's Occupation, *Drayman*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other Person who makes this Return *Geo. H. Jones M.D.*
13. Address, *New Street & Preston*
14. Remarks, _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the given name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *7th*

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Coloured

3. Date of Birth

May 20th 1882

4. Place of Birth (Street and Number)

Baltimore Cross St no 266

5. Full Name of Mother

Mary Amothers

6. Mother's Maiden Name

Mary Scrinner

7. Mother's Birthplace

Calvert Co

8. Full Name of Father

Adrie Amothers

9. Father's Occupation

Stevenson

10. Father's Birthplace

Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Francis Franky

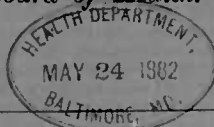
RETURN OF A BIRTH

5460

name of the mother of each child or children.

RETURN OF A BIRTH, 5760

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth

May 20th 1882

4. Place of Birth, (Street and Number)

Light st. 652

5. Full Name of Mother

Julia. Trulschel

6. Mother's Maiden Name

Loyd

7. Mother's Birthplace

Richmond, Virginia

8. Full Name of Father

Karlman. Trulschel

9. Father's Occupation

Butcher

10. Father's Birthplace

Prussia & Europe

Name of Medical Attendant, or other Person who makes this return.

Annie. Guss

Address

654. Light st.

Remarks

RETURN OF A BIRTH

55761

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d Child,
Male,
May 30th 1882
138 S. Sharp St.
Laura Hardisty,
" Blackiston,
Balt. City
James Knox Hardisty,
Conductor,
Balt. Co.
R. J. N. Tall. & D.,
152 Sharp St.
Remarks,



Name of Medical Attendant, or other Person who makes this Return
Address

RETURN OF A BIRTH 5762

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

State, sex, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20 of May 1882

4. Place of Birth, (Street and Number)

No 65 Sedgwick St

5. Full Name of Mother,

Emma Frank

6. Mother's Maiden Name,

Emma Martin

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Frank

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

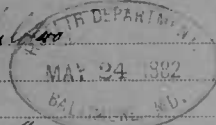
Name of Medical Attendant, or other Person who makes this return

Salina

Address

1012 N. 1st St

Remarks

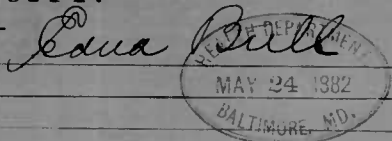


RETURN OF A BIRTH, 55763

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4



1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth May 21 1922

4. Place of Birth, (Street and Number) 14 Washington street

5. Full Name of Mother Annie Bull

6. Mother's Maiden Name Annie Lorrister

7. Mother's Birthplace Baltimore city

8. Full Name of Father James A. Bull

9. Father's Occupation Captain of tug boat

10. Father's Birthplace Accomack County Virginia

Name of Medical Attendant, or other Person who makes this Return. Mary Connor 152

Address 14 Washington street

Remarks Name added late August 1-1935 by

Annie Bull Lorrister

OTP

Edna Bull Lorrister

name of the mother of such child or children.

RETURN OF A BIRTH 55764

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5, White

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20 of May

4. Place of Birth, (Street and Number)

No 26 Green St

5. Full Name of Mother,

Mary Hogan

6. Mother's Maiden Name,

Mary Molony

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Hogan

9. Father's Occupation,

Suburban

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Baltimore District

Address,

No 1218 West St

Remarks,



RETURN OF A BIRTH 55765

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. *3d*
2. *Female*
3. *Colored*
4. *May 21st 1892*
5. *25 Waller St.*
6. *Mary Sanders*
7. *Annapolis Md.*
8. *Unknown*
9. *7*
10. *4*
Name of Medical Attendant, or other Person who makes this Return *M^r L. H. Jackson*
Address *215 Franklin St.*
Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55766

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Born May 20th 1882

4. Place of Birth (Street and Number)

72 Stockholm St.

5. Full Name of Mother

Elizabeth Thomas

6. Mother's Maiden Name

Elizabeth Gardner

7. Mother's Birthplace

Larry Factory

8. Full Name of Father

Wm. Thomas

9. Father's Occupation

Farmer

10. Father's Birthplace

Patterson Nods

Name of Medical Attendant, or other Person who makes this Return.

Larry Miller

Address

22 Stockholm St.

Remarks

All doing well as can be expected

RETURN OF A BIRTH ⁵⁵⁷⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Print the full name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. S. x, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, may 20
4. Place of Birth, (Street and Number) 141 north dallas st
5. Full Name of Mother, martha bush
6. Mother's Maiden Name, martha pinkney
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, perry bush
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore md
- Name of Medical Attendant, nurs leah johnson
or other Person who makes this Return
- Address, no 31 short st
- Remarks, healthy child

55468

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "AUG 14 1882" is stamped in a bold, sans-serif font. The stamp is slightly faded and shows some wear.

- 3d, (c.c.)
Male
Caucasian
May 20th 1882
301 Myrtle Avenue
Bate - Cohen
Patterson
Baltimore
Henry Cohen
Merchant, Tailor
Baltimore

0.01 175 cc

172 114th Street, New York City

Having been a resident of the City
only a short time, I entirely rely ^{on} the
regiment to report.

RETURN OF A BIRTH 55769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th child
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

may 20th

4. Place of Birth, (Street and Number)

no 68 wilcorrally

5. Full Name of Mother,

sarah jane dare

6. Mother's Maiden Name,

sarah jane gross

7. Mother's Birthplace,

cambridge

8. Full Name of Father,

psreal dare

9. Father's Occupation,

hicks ter

10. Father's Birthplace,

calvert county

Name of Medical Attendant, or other Person who make this Return

mrs Lydia Porter

Address.

no 4 patpsco avenue

Remarks,

healthy child

5770 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

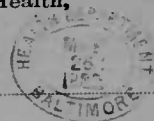
Address,

Remarks,

Male
White
May 20 1892
367 Saratoga St
Bertha Eytling
Bertha Bachman
City
Henry Eytling
Clerk
City
A. B. Bachman

RETURN OF A BIRTH 55771

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, May 21 1884
4. Place of Birth, (Street and Number) No 272 Cherry St -
5. Full Name of Mother, Ida Virginia Joyner
6. Mother's Maiden Name, " " Rogers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Leonard Joyner
9. Father's Occupation, Candy Maker
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this return, Wm L Russell
- Address, No 238 N Broadway -
- Remarks, _____

RETURN OF A BIRTH 57772

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4th)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 21st 1882

4. Place of Birth, (Street and Number)

286 W. Eden St.

5. Full Name of Mother,

Mary C. Carpenter

6. Mother's Maiden Name,

Barney

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Geo. C. Carpenter

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Winter

Address,

186 Bayford Ave

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st May

4. Place of Birth, (Street and Number)

Canton (Baltimore)

5. Full Name of Mother,

Mary Dorn
= Bohner

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

John Dorn

8. Full Name of Father,

Matth - Macker

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

E. Behnken (Widow)

Name of Medical Attendant, or other Person who makes this Return.

Address,

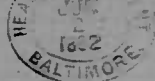
54 Essex St.

Remarks,

Baltimore

RETURN OF A BIRTH 55774

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

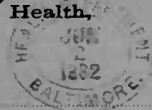
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 21, 1882
4. Place of Birth, (Street and Number) W. Schappell St. No. 154
5. Full Name of Mother, Margarette P. P. P.
6. Mother's Maiden Name, Engel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ludwig P. P.
9. Father's Occupation, Tailor
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return Wm. J. H. H.
- Address, 121 N. Hollis St. No. 14
- Remarks,

of the parents, and the maiden name of the mother of every child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

56

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 21, 1882

4. Place of Birth, (Street and Number)

14 Livestockstr No 63

5. Full Name of Mother,

Mary Weigert

6. Mother's Maiden Name,

Schubert

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Karl Weigert

9. Father's Occupation,

Poliz

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. J. Brach

Address,

14 Walfordstr No 14

Remarks,

Wm. J. Brach

of the parents, and the maiden name of the mother of such child or children.

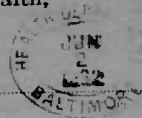
RETURN OF A BIRTH

55776

RETURN OF A BIRTH

5776

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

Second
Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 21st 1882

4. Place of Birth, (Street and Number)

No. 7 Monroe St. Balt. City

5. Full Name of Mother,

Eda. Jones

6. Mother's Maiden Name,

Eda. Evans

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James H. Lawrence

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

M. J. Lawrence

Address,

435 W. McHenry St.

Remarks,

Rather a delicate child

RETURN OF A BIRTH 55771

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 25 1891*
4. Place of Birth, (Street and Number) *No 250 Dallas St 21st St*
5. Full Name of Mother, *Frances Uklik*
6. Mother's Maiden Name, *Banaska*
7. Mother's Birthplace, *Basil*
8. Full Name of Father, *Jos. Uklik*
9. Father's Occupation, *Salor.*
10. Father's Birthplace, *Stradesic*
- Name of Medical Attendant, or other Person who makes this Return *Jos. Conrad*
- Address.....
- Remarks.....

RETURN OF A BIRTH 18778

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

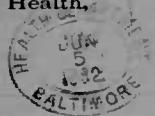
1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 21st 1882*
 4. Place of Birth, (Street and Number) *No 839 Lombard St*
 5. Full Name of Mother, *Mari Pauers*
 6. Mother's Maiden Name, *Mari Hamback*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *David Pauers*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Ellicott City*
- Name of Medical Attendant, or other Person who makes this Return *E. Pauers*
 Address, *No 54 Redick st*
 Remarks,

RETURN OF A BIRTH

5779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 21st 1882

4. Place of Birth, (Street and Number)

Linden Av 2422

5. Full Name of Mother,

M. A. Vogel

6. Mother's Maiden Name,

M. A. Miller

7. Mother's Birthplace,

Kentucky

8. Full Name of Father,

G. A. Vogel

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. H. Miller, M.D.

Address,

121 W. Market St

Remarks,

in the "Bulletin," and as the name of the mother of such child or children.

RETURN OF A BIRTH ⁵⁵⁷⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race)
 3. Date of Birth, May 21st 1882
 4. Place of Birth, (Street and Number) 35 James alley
 5. Full Name of Mother, Caroline Gieseler
 6. Mother's Maiden Name, Schramm
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Friedrich Gieseler
 9. Father's Occupation, Germany
 10. Father's Birthplace, Shoemaker
 Name of Medical Attendant, or other Person who makes this Return J. Schwaesser midwife
 Address 330 Hanover st.
 Remarks



RETURN OF A BIRTH *55787*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Second
Male*

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race).

4. Date of Birth,

May 21 '82

5. Place of Birth, (Street and Number)

214 E Eager St

6. Full Name of Mother,

Mary Winton

7. Mother's Maiden Name,

O'Gabel

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

John Winton

10. Father's Occupation,

Miller

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, *286 Mt Vernon St*

Remarks,

RETURN OF A BIRTH 557B2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 21 '82
443 E Fayette St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Anna E Carter
Hull

6. Mother's Maiden Name,

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Frederic A Carter

9. Father's Occupation,

Physician

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mary A. Howell

Address, 246 W. Truitt St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

CLARK & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 557B3

RETURN OF A BIRTH 55783

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



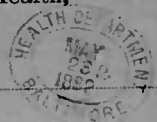
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *May 9 21*
4. Place of Birth, (Street and Number) *131 north dolan st*
5. Full Name of Mother, *Amie Northern*
6. Mother's Maiden Name, *Amie Collins*
7. Mother's Birthplace, *Sumner Co Md*
8. Full Name of Father, *Jacob Northern*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Sumner Co Md*
- Name of Medical Attendant, *or other Person who makes this Return* *Mrs. Leta Johnson*
- Address, *31 short st*
- Remarks, *Healthy Child*

RETURN OF A BIRTH

5784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.) *106*

2. Sex, (state whether male or female) *Male*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *May 21/82*

5. Place of Birth, (Street and Number) *7 Woodchase*

6. Full Name of Mother, *May Hull*

7. Mother's Maiden Name, *May Green*

8. Mother's Birthplace, *Baltimore*

9. Full Name of Father, *Geo Hull*

10. Father's Occupation, *Ship Painter*

11. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Geo. W. Jones, M.D.*

Address, *Geo. Thacker & Pisonier*

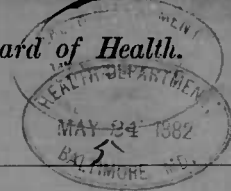
Remarks,

Considered, whether said birth or not, the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 55785

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Report.

Address

Remarks

female

white

Born on the 21st of May 1882

199 Friedrich St.

Mrs. Anna Schuch

Anna Smith

Born in Germany

John Schuch

Beer-Brewer

Born in Prussia Germany

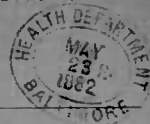
Miss Miller

197 W. Pratt St

RETURN OF A BIRTH, 55786

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH *55787*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 14,

1. Sex, (state whether male or female)

Female,

2. Race or Color, (if not of the white race)

White,

3. Date of Birth,

May 21 of May,

4. Place of Birth, (Street and Number)

No. 122, Lombard St.,

5. Full Name of Mother,

Ane Salenter

6. Mother's Maiden Name,

Ane German

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Martin German

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who
makes this Return

Address,

Mrs. Christina Lauer

Remarks,

172 Harper St.

1882

RETURN OF A BIRTH 1878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 21 of May

4. Place of Birth, (Street and Number)

No 291 Centerd. ave.

5. Full Name of Mother,

Kathie X Kinney

6. Mother's Maiden Name,

Kathie Mahanue

7. Mother's Birthplace,

Baltimore, County

8. Full Name of Father,

James Mahanue

9. Father's Occupation,

Labr

Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Cristina Sauer

Address,

711 1st Barfer ave

Remarks,

1878

RETURN OF A BIRTH 1878

RETURN OF A BIRTH 5789

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

At the birth of the child, with the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *our child*

2. Sex, (state whether male or female) *Male*

3. Race or Color, (if not of the white race) *Colored*

4. Date of Birth, *May 21st 1882*

5. Place of Birth, (Street and Number) *223 Durham*

6. Full Name of Mother, *Lucas Perkins*

7. Mother's Maiden Name, *Lucas Hitchens*

8. Mother's Birthplace, *Somerset*

9. Full Name of Father, *Henry Perkins*

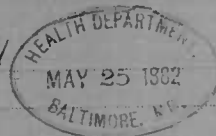
10. Father's Occupation, *Laborer*

11. Father's Birthplace, *North Carolina*

Name of Medical Attendant, or other Person who makes this Return *Lucy H. Ford*

Address, *130 Register st.*

Remarks,



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 21st. A.P.M. 1882.

4. Place of Birth (Street and Number) 274 E. Balto

5. Full Name of Mother Margaret B. Baltimore

6. Mother's Maiden Name Margaret Brainer Black

7. Mother's Birthplace West Virginia

8. Full Name of Father W. C. Patterson

9. Father's Occupation Clerkman, Traveling for Hunt. & Co.

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. James E. Donnell

Address 277 E. Baltimore St.

Remarks

RETURN OF A BIRTH 5791

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



In the presence of the Registrar, the name of the mother of such child or children.

RETURN OF A BIRTH

5792

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~11~~ 12th Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

May 21 1882

3. Date of Birth,

1007 Carline St

4. Place of Birth, (Street and Number)

Rachael Hamburger

5. Full Name of Mother,

Rachael Heilner

6. Mother's Maiden Name,

in York City

7. Mother's Birthplace,

Emanuel Hamburger

8. Full Name of Father,

Clark

9. Father's Occupation,

Germany

10. Father's Birthplace,

A. H. Woodman

Name of Medical Attendant, or other Person who makes this Return.

Address,

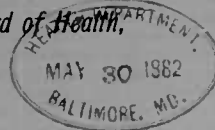
Remarks,

WITHIN SIX DAYS AFTER BIRTH, FATHER, MOTHER, OR OTHER PERSON WHO MAKES THIS RETURN, SHALL STATE THE NAME, SEX, AGE, DATE OF BIRTH, PLACE OF BIRTH, RACE OR COLOR, WHETHER STILL BORN OR NOT, THE FULL NAME, NATIVITY, AND RESIDENCE OF THE CHILD, AND THE FULL NAME OF THE MOTHER OF EACH CHILD OR CHILDREN.

RETURN OF A BIRTH. 55793

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth May 21 1882
4. Place of Birth (Street and Number) 345 Saratoga St
5. Full Name of Mother Alison Steinkamp
6. Mother's Maiden Name Alison McElroy
7. Mother's Birthplace Scotland
8. Full Name of Father Joseph W Steinkamp
9. Father's Occupation machinist
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M.D.
- Address 183 Linden Ave
- Remarks LOA

RETURN OF A BIRTH 55794

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 12th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, May 21st 1883
 4. Place of Birth, (Street and Number) 1831 N. Central av.
 5. Full Name of Mother, Anna Foster
 6. Mother's Maiden Name, Anna Goodman
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Foster
 9. Father's Occupation, Cumber
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return H. V. Bull.
 Address, No. 185 E. cor. Central av. & Monument St.
 Remarks, All well



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *22nd May 1882*
 4. Place of Birth, (Street and Number) *90 Druid Hill Ave*
 5. Full Name of Mother, *Eva. H. Estes*
 6. Mother's Maiden Name, *Eva. H. Fairbanks*
 7. Mother's Birthplace, *Adesca, Delaware*
 8. Full Name of Father, *Samuel H. Estes*
 9. Father's Occupation, *Business*
 10. Father's Birthplace, *Elkton, Md.*
 Name of Medical Attendant, or other Person who makes this Return *Wm. Carroll*
 Address, *128 Madison St*
 Remarks,

RETURN OF A BIRTH 55796

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 22nd 1882

4. Place of Birth, (Street and Number)

No. 122 Green St.

5. Full Name of Mother,

Juliana Frank

6. Mother's Maiden Name,

Kijple

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Sydney Frank

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

J. Schlegel midwife
330 Hanover St.

Address.

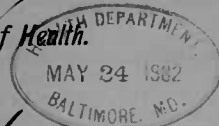
Remarks.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *May 22^d 1882*
4. Place of Birth (Street and Number) *22 Mulberry St.*
5. Full Name of Mother *Mrs Lillian Gallon*
6. Mother's Maiden Name *Lillian Chew*
7. Mother's Birthplace *Frederick Co. Md.*
8. Full Name of Father *John Gallon, Jr.*
9. Father's Occupation *Composer*
10. Father's Birthplace *Birmingham England*
- Name of Medical Attendant, or other Person who makes this Return. *A. A. S. M. M. D.*
- Address *543 Lexington*
- Remarks

RETURN OF A BIRTH 5798

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 children

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22d May

4. Place of Birth, (Street and Number)

1134 Eutaw St

5. Full Name of Mother,

Anna Josephine Robert Johnson

6. Mother's Maiden Name,

Anna Rosenback

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Johnson

9. Father's Occupation,

Laber

Father's Birthplace,

Baltimore

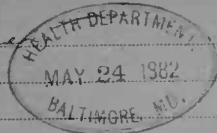
Name of Medical Attendant, or other Person who makes this Return

Salina Gresham

Address,

1134 Eutaw St

Remarks.



RETURN OF A BIRTH 55799

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Give the name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 22 1892
4. Place of Birth, (Street and Number) 3 Gough St.
5. Full Name of Mother, Wilhelmine Fitel
6. Mother's Maiden Name, Landgraf
7. Mother's Birthplace, Germany
8. Full Name of Father, John Fitel
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Harry Stein
- Address, 151 E Pratt St.
- Remarks,

RETURN OF A BIRTH.

57801

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth May 22nd 1882

4. Place of Birth (Street and Number) Gilman & Lennant St N.E. Co.

5. Full Name of Mother Cordelia Roberts

6. Mother's Maiden Name Berry

7. Mother's Birthplace Baltimore

8. Full Name of Father Edward Roberts

9. Father's Occupation Grocery & Provision Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. H. Diffenderfer, M.D.

Address

24 High St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55802

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st -

1. Sex (state whether Male or Female) Male -

2. Race or Color (if not of the white race) White -

3. Date of Birth May 22d - 1882 -

4. Place of Birth (Street and Number) 187 East Monument St. -

5. Full Name of Mother Ella M. Harris -

6. Mother's Maiden Name " Collier -

7. Mother's Birthplace Frederick City, Md. -

8. Full Name of Father John W. Harris -

9. Father's Occupation Hackman -

10. Father's Birthplace Balto. City -

Name of Medical Attendant, or other Person who makes this Return.

R. H. Goldsmith.

Address

Hackman's and Calhoun St.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

9th Birth
West Girl

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

22 May

4. Place of Birth, (Street and Number)

Pratt Street No 284

5. Full Name of Mother,

Günigunde Buttner

6. Mother's Maiden Name,

Badig
Regenthal Baiern

7. Mother's Birthplace,

8. Full Name of Father,

John Butter

9. Father's Occupation,

Flor.

10. Father's Birthplace,

Regenthal Baiern
Baut Street No 173

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

John Maurel

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd
- Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

May 22. 1882

4. Place of Birth (Street and Number)

29. Stiles Street
Margaret Hair
Schroeder

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

German
Henry Hair
Carpenter
German

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

C. H. Thomas M.D.
66 E Baltimore St

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH

55805

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 6 children

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 24 1882

4. Place of Birth, (Street and Number)

22 of May

5. Full Name of Mother,

Annie Schuly

6. Mother's Maiden Name,

Annie Troff

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Schuly

9. Father's Occupation,

Appendix

10. Father's Birthplace,

Baltimore

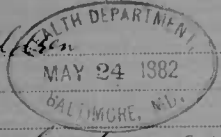
Name of Medical Attendant, or other Person who makes this Return

Salina G. Gable

Address,

1128 N. 1st St.

Remarks,



RETURN OF A BIRTH

55806

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

22 of May

4. Place of Birth, (Street and Number)

325 South Bethell St

5. Full Name of Mother,

George Ann Bishop

6. Mother's Maiden Name,

George Ann Bourgeois

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John - Bishop

9. Father's Occupation,

laborer

10. Father's Birthplace,

London, England

Name of Medical Attendant, or other Person who makes this Return.

John Morrison M.D.

Address,

wife 47 North Durham St

Remarks,

RETURN OF A BIRTH

55807

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

May 22/1892

4. Place of Birth, (Street and Number)

479 E. Howard St.

5. Full Name of Mother,

Mary A. Welch

6. Mother's Maiden Name,

McNulty

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Welch

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mary A. Shugell

Address, 216 W. Lombard St.

Remarks,

For the purpose of this return, the mother of each child of color, must be stated as such.

55808

RETURN OF A BIRTH

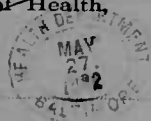
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *27th May 1882*
4. Place of Birth, (Street and Number) *2 Chestnut alley Court*
5. Full Name of Mother, *Dr. Crawford*
6. Mother's Maiden Name, *Dr. Calhoun*
7. Mother's Birthplace, *Baltimore MD*
8. Full Name of Father, *Thomas Crawford*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore MD*
- Name of Medical Attendant, *or other Person who makes this return* *Marion Hanson*
- Address, *37 Walnut alley*
- Remarks,

RETURN OF A BIRTH 55809

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

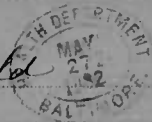


of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(4)*
2. Sex, (state whether male or female) *male*
3. Race or Color, (if not of the white race) *white*
4. Date of Birth, *22 May 1882*
5. Place of Birth, (Street and Number) *132 Pennsylvania St.*
6. Full Name of Mother, *Johanna Weller*
7. Mother's Maiden Name, *Johanna Detering*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *John H. Weller*
10. Father's Occupation, *Coal Dealer*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Margareta Schlifer*
- Address, *20 Columbia St.*
- Remarks,

RETURN OF A BIRTH *55870*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10 *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

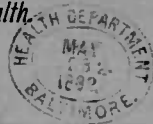
Address,

Remarks.

RETURN OF A BIRTH.

55811

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth 22 May 1892.

4. Place of Birth (Street and Number) 95 N. Wolfe St.

5. Full Name of Mother Mrs. Mary Andrews

6. Mother's Maiden Name Mary Hessler

7. Mother's Birthplace U.S.A.

8. Full Name of Father Geo. W. Andrews

9. Father's Occupation Carpenter

10. Father's Birthplace U.S.A.

Name of Medical Attendant, or other Person who makes this Return.

B. F. Leonard M.D.

Address

214 E. 13th St.

Remarks This birth occurred at about

Balto.

6 1/2 months in spite of every effort to avert it.

When sex is uncertain, stating accurately the date of birth, sex, and date of birth, the full name, nativity, and residence of the child, its or their physical condition, whether still born or not, the full name, nativity, and residence of the mother of such child or children, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55812

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov 22nd. 1889
 4. Place of Birth, (Street and Number) 10312 E. Lombard St.
 5. Full Name of Mother, Kate Cantor
 6. Mother's Maiden Name, Kate Phil
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Cantor
 9. Father's Occupation, Shoemaker
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return H. V. Butt
 Address, No. 115 St. Co. Central av. Yellowmount St.
 Remarks, All Well

ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 55813

consent, whether still born or not, the full name, nativity, and residence of the parents, and the names
name of the mother of such child or children.

RETURN OF A BIRTH, 55813

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 22nd 1889
4. Place of Birth, (Street and Number) Corner Hanover and Port Ave
5. Full Name of Mother Elizabeth Weber
6. Mother's Maiden Name Elizabeth Miller
7. Mother's Birthplace Germany
8. Full Name of Father Frank Weber
9. Father's Occupation Blacksmith
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Esther Hornung
- Address Byrd St 18
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55814

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

May 22nd 1882

4. Place of Birth (Street and Number)

878 Richmond Street

5. Full Name of Mother

Elizabeth Pasco

6. Mother's Maiden Name

Diggs

7. Mother's Birthplace

Nathans Ct. St. House Virginia

8. Full Name of Father

Louis Pasco

9. Father's Occupation

Waiter

10. Father's Birthplace

Denver, Colorado

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. M.

Johnson

92 N. 1st St.

Address

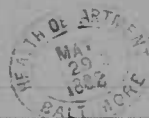
Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55815

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Caucasian

3. Date of Birth May the 22

4. Place of Birth (Street and Number) 250 West St Baltimore

5. Full Name of Mother Lishey Gardner

6. Mother's Maiden Name Lishey Shall

7. Mother's Birthplace unrecorded country

8. Full Name of Father William Gardner

9. Father's Occupation laborer

10. Father's Birthplace unrecorded country

Name of Medical Attendant, or other Person who makes this Return Lishey Shall

Address 250 West St

Remarks

RETURN OF A BIRTH

55816

RETURN OF A BIRTH

55876

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race) ...

W

3. Date of Birth, ...

May 23

4. Place of Birth, (Street and Number) ...

132 N. Wolf

5. Full Name of Mother, ...

Maggie Luetmann

6. Mother's Maiden Name, ...

Lernfeld

7. Mother's Birthplace, ...

Germany

8. Full Name of Father, ...

Henry Luetmann

9. Father's Occupation, ...

Laborer

10. Father's Birthplace, ...

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address, ...

236 Canton Ave

Remarks, ...

Form, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 23rd 1882

4. Place of Birth, (Street and Number)

234 Livingston St

5. Full Name of Mother,

Margaret Mosker

6. Mother's Maiden Name,

Buechmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William B. Mosker

9. Father's Occupation,

Tobacconist

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

S. W. Seldner M.D.

Address,

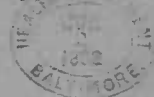
5. E. Cor Eager & Caroline Sts.

Remarks,

RETURN OF A BIRTH 1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 20th 1882

4. Place of Birth, (Street and Number)

23 Bough

5. Full Name of Mother,

Chianda Dymon

6. Mother's Maiden Name,

Chianda Whinn

7. Mother's Birthplace,

Fredericksburg Virginia

8. Full Name of Father,

Monroe J. Dymon

9. Father's Occupation,

Black

10. Father's Birthplace,

Dinwiddie Co. Virginia

Name of Medical Attendant, or other person who makes this return.

Mrs H. Knowles

Address,

136 S. Caroline St

Remarks,

Natural

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *May 23rd 1882*
4. Place of Birth (Street and Number) *Baltimore, Leaswe No 5*
5. Full Name of Mother *Elizabeth Young*
6. Mother's Maiden Name *Elizabeth Neal*
7. Mother's Birthplace *West River*
8. Full Name of Father *Wally Young*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return. *Martha Moore*
- Address *No 7 Stockton Alley near Franklin*
- Remarks *All well &c*

Continued on the reverse side of this form or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55820

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *May 23 1882*
4. Place of Birth, (Street and Number) *No. 217 William St. Baltimore Md.*
5. Full Name of Mother, *Emelia Hauser*
6. Mother's Maiden Name, *Emelia Stoffel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Hauser*
9. Father's Occupation, *Bookbinder*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Nash*
- Address, *127 Thomas St. Baltimore Md.*
- Remarks,

of Child of Mother, (state whether 1st, 2d, 3d, etc.)

RETURN OF A BIRTH 55821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children."

● of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd

4. Place of Birth, (Street and Number) 486th St

5. Full Name of Mother, Anna Wolf

6. Mother's Maiden Name, Gahnke

7. Mother's Birthplace, Germany

8. Full Name of Father, John Wolf

9. Father's Occupation, Shoemaker

● Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address,

Remarks,

RETURN OF A BIRTH 15822

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) W. Irish

3. Date of Birth,

May 23rd

4. Place of Birth, (Street and Number)

Storford road

5. Full Name of Mother.

Louisa Anna Yäger

6. Mother's Maiden Name,

Hofmeister

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Arman Yäger

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sophia Simon

Address,

Remarks,

PRINTED AND STATIONERS

RETURN OF A BIRTH 15823

RETURN OF A BIRTH 1882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 23 1882*

4. Place of Birth, (Street and Number) *Balto 31 Harris St*

5. Full Name of Mother, *Lizzie Pendley*

6. Mother's Maiden Name, *Lizzie Pilcher*

7. Mother's Birthplace, *Charlestown M. Va*

8. Full Name of Father, *John C. Hendley*

9. Father's Occupation, *A B Farmer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*

Address, *No 12 Patterson Park*

Remarks,

name of the mother of such child or children.

RETURN OF A BIRTH,

55824

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 29th 1882

4. Place of Birth, (Street and Number) 281 Mosher St.

5. Full Name of Mother Leahanne Johnson

6. Mother's Maiden Name Cambrell

7. Mother's Birthplace Baltimore

8. Full Name of Father John R. Johnson

9. Father's Occupation Secretary, Ore Company

10. Father's Birthplace Maryland, Ford & County

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address 57 Franklin St.

Remarks

name of the mother of such child or children, the full name, nationality, and residence of the parents, and the maiden

RETURN OF A BIRTH, 55825

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

1892 23rd of May Tuesday afternoon

4. Place of Birth, (Street and Number)

Baltimore City 380 Pratt St

5. Full Name of Mother

Mary Jane Berryman

6. Mother's Maiden Name

Mary Jane McCormick

7. Mother's Birthplace

Ireland

8. Full Name of Father

Edward Berryman

9. Father's Occupation

Baker

Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Rachel Dorn

Address

Hamburg St 322

Remarks

born. If or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55826

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th Fourth =*
2. Sex (state whether Male or Female) *Male -*
3. Race or Color (if not of the white race) *white*
4. Date of Birth *May 23 - 1882*
5. Place of Birth (Street and Number) *377 Druid Hill Ave - Balt*
6. Full Name of Mother *Lizzie House*
7. Mother's Maiden Name *Lizzie Graham*
8. Mother's Birthplace *Baltimore*
9. Full Name of Father *Mr. J. Stouck*
10. Father's Occupation *Leigar Manufacturer*
11. Father's Birthplace *Balt -*
- Name of Medical Attendant, or other Person who makes this Return *C. F. Brown M.D.*
- Address *241 Lincoln Ave*
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Primipara*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 24th 1882*
4. Place of Birth (Street and Number) *788 W. Baltimore*
5. Full Name of Mother *Ella Tibbals*
6. Mother's Maiden Name *Ella. Matchman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm. H. Tibbals*
9. Father's Occupation *Philadelphia & Wil. R.R. Ches*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *A. W. S. S. M. D.*
Address *5 St. J. Lexington St.*
Remarks *(Instrumental delivery)*

RETURN OF A BIRTH *W 828*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 24th

4. Place of Birth, (Street and Number)

126 Canal St

5. Full Name of Mother,

Mary Mann

6. Mother's Maiden Name,

Stoehr

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm Mann

Father's Occupation,

Laborer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Sam'l Casper

Address,

32 E Lombard St

Remarks,

RETURN OF A BIRTH 55829

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.) *4*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *May 24 1882*
5. Place of Birth, (Street and Number) *492 Sharp St*
6. Full Name of Mother, *Mary Vonderhe*
7. Mother's Maiden Name, *Mayer*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Frederick Vonderhe*
10. Father's Occupation, *Fireman*
11. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Wm. B. B.*
Address, *#322 E. 1st St*
Remarks,



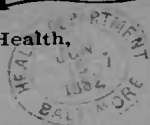
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55830

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1st Child
Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

May 24th 1882

4. Place of Birth, (Street and Number).....

259 Preston St.
Hedwrick Deifel

5. Full Name of Mother,.....

Hedwrick Rawinski

6. Mother's Maiden Name,.....

Prussia

7. Mother's Birthplace,.....

8. Full Name of Father,.....

John Deifel
Weaver

9. Father's Occupation,.....

10. Father's Birthplace,.....

Bavaria

Name of Medical Attendant, or other Person who makes this Return

M. E. Gamber

Address,.....

in the city of Baltimore

Remarks,.....

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 15821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

May 24. 1882

J. Schappell str No 12

Barbara Blukem

Thiem

Balt.

V. Denten Blukem

Hook tree her

Balt.

Wm. L. B. B. B. B.

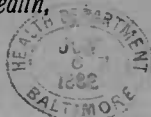
St. Wolf str No 14



RETURN OF A BIRTH.

55832

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 24th 1882

4. Place of Birth (Street and Number)

548 Lexington St

5. Full Name of Mother

Mary Eliza Walter

6. Mother's Maiden Name

" " Walter

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George M. Walter

9. Father's Occupation

Adams Express agt

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. G. H. H. M.D.

Address

47 Edmondson ave

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Over

RETURN OF A BIRTH

55832

RETURN OF A BIRTH 55833

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name: *Julia Mariella Richardson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 24th; 12:15 P.M.*

4. Place of Birth, (Street and Number) *#118 S. Gilman St.*

5. Full Name of Mother, *Eugenia Richardson*

6. Mother's Maiden Name, *Fouville*

7. Mother's Birthplace, *France*

8. Full Name of Father, *Frank Richardson*

9. Father's Occupation, *Iron-maker*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes the Return. *Dr. J. L. Durdin, M.D.*

Address, *1 E. Columbia Ave. & Fremont St.*

Remarks, *Child in good physical condition, & living*

of the parents, and the maiden name of the mother of such child or children.

B. PIER, PRINTER & STATIONER, BALTIMORE.

RETURN OF A BIRTH 55834

RETURN OF A BIRTH 1884

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



of the parents, and the maiden name of the mother in cases called of children.

CITY PRINTING AND STATIONERS

RETURN OF A BIRTH 1884

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1882

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth 24th May 1882
4. Place of Birth, (Street and Number) 41 7th St
5. Full Name of Mother Bridget Haly
6. Mother's Maiden Name Kennedy
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Haly
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. H W Metcalf
Address 57 Barnum
Remarks _____

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1886

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 24th 1886

4. Place of Birth, (Street and Number)

1600. 55 Smith Place St

5. Full Name of Mother

Augusta Spear

6. Mother's Maiden Name

" Leuchs

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Abraham Spear

9. Father's Occupation

Butt - shoe dealer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

John Morris, M.D

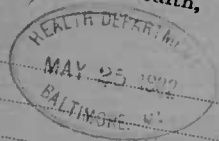
Address

1600. 55 Smith St.

Remarks

RETURN OF A BIRTH 5537

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 24 1882*
4. Place of Birth, (Street and Number) *Randall Bt Charles & Light*
5. Full Name of Mother, *Lucy Letters*
6. Mother's Maiden Name, *Ross*
7. Mother's Birthplace, *N. Jersey*
8. Full Name of Father, *David Letters*
9. Father's Occupation, *Manager of Riverside Park*
10. Father's Birthplace, *N. Jersey*
- Name of Medical Attendant, or other person who makes this return *Wm C Hinton*
- Address, *No 19 Patapsco Street*
- Remark.

of the parents, and the maiden name of the mother of such child or children.

REGISTRY & CO., CITY PRINTERS, 200 N. CALVERT ST.

RETURN OF A BIRTH. 5538

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5538

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 25, 1882

4. Place of Birth (Street and Number)

55 Mulberry

5. Full Name of Mother

Elizabeth Neeshale

6. Mother's Maiden Name

" Stinner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Neeshale

9. Father's Occupation

Restaurant Proprietor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. H. Searff M.D.

Address

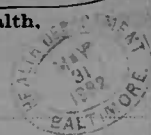
4 Cathedral St.

Remarks

RETURN OF A BIRTH

1889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 25 1882

4. Place of Birth, (Street and Number) N. Fremont Street

5. Full Name of Mother, Kate Zeller

6. Mother's Maiden Name, " Busch

7. Mother's Birthplace, Denmark

8. Full Name of Father, Herman Zeller

9. Father's Occupation, Butcher

● Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return New C. Schmitt

Address, 428 Pennsylvania Avenue

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 55840

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth May 25th 1904 P.M.

4. Place of Birth, (Street and Number) #15 Mott Street.

5. Full Name of Mother Emma L. Hines

6. Mother's Maiden Name Emma L. Smith

7. Mother's Birthplace Baltimore Maryland

8. Full Name of Father Samuel R. Hines

9. Father's Occupation Laborer.

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this return. Sophia Hines

Address #185 Chestnut St. Balt

Remarks

RETURN OF A BIRTH 55841

RETURN OF A BIRTH 5541

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child



2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

white

4. Date of Birth,

25 of May

5. Place of Birth, (Street and Number)

789 West Pratt St.

6. Full Name of Mother,

Mary J. Faller

7. Mother's Maiden Name,

Mary R. Keith

8. Mother's Birthplace,

Yorktown Pennsylvania

9. Full Name of Father,

George J. Faller

10. Father's Occupation,

Employed by Darby and Company

11. Father's Birthplace,

Baltimore County

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. S. Brown

Address,

No. 45 S. Brown St.

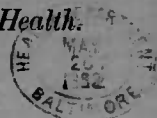
Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 55842

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 25th

4. Place of Birth, (Street and Number) 94 Lancaster St

5. Full Name of Mother Lizzie Langman

6. Mother's Maiden Name Lizzie Langman

7. Mother's Birthplace Baltimore

8. Full Name of Father John Langman

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return. Mary A. Smith

Address 101 Lancaster St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

543

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

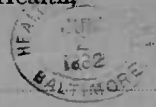


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 189 Park Avenue 25th May 1882
4. Place of Birth (Street and Number) 199 Park Avenue
5. Full Name of Mother Mary Howard Menden
6. Mother's Maiden Name Mary Howard Low
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father John Menden
9. Father's Occupation Bookbinder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. D. Menden MD
- Address 81 Bond St
- Remarks

RETURN OF A BIRTH

25844

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 Aug. 25 1882

4. Place of Birth, (Street and Number)

2. J. Roedelstr. No 8

5. Full Name of Mother,

Mary Schneider

6. Mother's Maiden Name,

J. Oppenberger

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Isaac Schneider

9. Father's Occupation,

Wearst-maker

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Mrs. J. H. Krausbach

Address,

2. J. Roedelstr. No 14

Remarks,

Wm. D. Wolfe

of the parents, and the maiden name of the mother of such child or child ren.

RETURN OF A BIRTH

55840

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, etc.)
1. S.x, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this return
- Address,
- Remarks,

White
May 25/91
30 S. Calhoun St
Maryell Shipley
Beach
Greenstown, Md. Co.
Tom Shipley
Beach Drive
Green Beach, Md.
D. H. Speer, M.D.
387 W. Lombard St.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5846

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

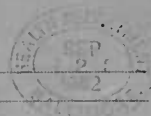
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



1st
Female
white
25 of May 1887
Johnson St Baltimore
Emma Calhoun
Emma Ross
Brooklyn N.Y.
Frank Calhoun
Carpenter W.C.
New York City N.Y.
Dr. W. L. Vesting
34 Broadway
are being

RETURN OF A BIRTH 55847

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4th)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 25th 1882

4. Place of Birth, (Street and Number)

458 St. Gay St

5. Full Name of Mother,

Hannah Cornelius

6. Mother's Maiden Name,

Gwing

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

Michael Cornelius

9. Father's Occupation,

Cigar Dealer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Winter

Address,

186 Harford Ave

Remarks,

RETURN OF A BIRTH 55848

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 25 May

4. Place of Birth, (Street and Number) Baltimore Beachalliy St. 45

5. Full Name of Mother, Rosa Battenfield

6. Mother's Maiden Name, " Lieb

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Battenfield

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Fred McInnis

Address, 1 Laurel St. Baltimore

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female) ..

Female

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

May 25th 1882

4. Place of Birth, (Street and Number) ..

606 S. Eden St.

5. Full Name of Mother, ..

Ellen Buttler

6. Mother's Maiden Name, ..

" Leonard

7. Mother's Birthplace, ..

Ireland

8. Full Name of Father, ..

Martin J. Buttler
Inspector

9. Father's Occupation, ..

10. Father's Birthplace, ..

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz
120 Bank St.

Address, ..

Remarks, ..

RETURN OF A BIRTH

5850

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st
Male
Wednesday 25. 1880
10th. & Market Place No. 17
Gidget Frederick
Bridget Connor
Baltimore
Baltimore
Baltimore
Baltimore
Mrs H. Knowles
36 S. Caroline St
Natural

RETURN OF A BIRTH *1887*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3*

1. Sex. (state whether male or female)

Male

2. Race or Color. (if not of the white race)

3. Date of Birth,

May 25 1887

4. Place of Birth, (Street and Number)

199 S. Bond

5. Full Name of Mother.

Martha J. Cautel

6. Mother's Maiden Name.

Wales

7. Mother's Birthplace,

England

8. Full Name of Father.

Casper S. Cautel

9. Father's Occupation,

Just Dealer

Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton St

Remarks,

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁵⁸⁵²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 25 4 1905

4. Place of Birth, (Street and Number) 1115 Conway St

5. Full Name of Mother, Emma Mae Padum

6. Mother's Maiden Name, Albrecht

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ed Padum

9. Father's Occupation, Marshall

Father's Birthplace, Hempden, Md.

Name of Medical Attendant, or other Person who
make this Return Mary Smith

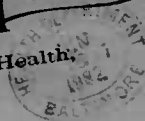
Address, 1328 E. Fair St

Remarks, 1



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *25th May*

4. Place of Birth, (Street and Number) *270 North Howard St*

5. Full Name of Mother, *Bertha Herzog*

6. Mother's Maiden Name, *Bertha Schure*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Walter P. Herzog*

Father's Occupation, *Japanese*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mrs. Gaudin*
or other person who make this Return

Address, *60 Schaefer St.*

Remarks,

W. C. BARRY & CO., CITY PRINTING AND STATIONERS

RETURN OF A BIRTH

55841

55854

A circular ink stamp from the Health Department of Salt Lake City. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "SALT LAKE CITY" is curved along the bottom inner edge. In the center, the date "2/22/18" is stamped, with "1918" written below it.

Fourth.
White Female
White

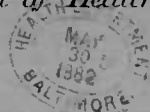
- May 25th 182
N^o 66 Albemarle St.
Mary Schmitt.
Mary Rudolph
Baltimore City Md.
John L. Schmitt.
Leigar Maker
Baltimore City
Mrs. Eliza Hemmings
N^o 75 Albemarle St.
(Leig)

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 26th 1882

4. Place of Birth, (Street and Number)

N. E. Cor. of Asquith - Orleans

5. Full Name of Mother,

Ada Tucker

6. Mother's Maiden Name,

Hanna

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry A. Tucker

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Florida

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary E. Shulby

Address,

45 North Central ave

Remarks, 1st Position Left Occipito. & otoloid

born, its or their physical condition, whether full-term or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55856

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 26th X 1882.
4. Place of Birth, (Street and Number) No. 139. S. Dallas St.
5. Full Name of Mother, Mary Robertson
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benn. Robertson
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, H. L. Bull
Address, No. 185. S. E. corner Central av. & Monument St.
Remarks, All Well

RETURN OF A BIRTH 55807

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 26th 1882*

4. Place of Birth, (Street and Number) *1560 Sharp St.*

5. Full Name of Mother, *Augusta Starkloff*

6. Mother's Maiden Name, *America*

7. Mother's Birthplace, *William Mark*

8. Full Name of Father, *Cigar maker*

9. Father's Occupation, *Germany*

10. Father's Birthplace, *Dr. Schwaesser midwife*

Name of Medical Attendant, or other Person who makes this Return

Address, *330 Hanover St.*

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 5588

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 26 1882
4. Place of Birth, (Street and Number) at 22 Goodmass Hill
5. Full Name of Mother Fannie Schubland
6. Mother's Maiden Name Fannie Donner
7. Mother's Birthplace Ireland
8. Full Name of Father Conrad Schubland
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Kathrine Hermann
- Address 210 18 Byrd St
- Remarks

RETURN OF A BIRTH 55859

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 26th

4. Place of Birth, (Street and Number) Lombard St. 107

5. Full Name of Mother, Louise Westland

6. Mother's Maiden Name, Louise Isaac

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Fred Westland

9. Father's Occupation, Musician

10. Father's Birthplace, Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary Walter

Address,

Remarks,

of the parents, and the maiden name of the mother of each child of illegitimate birth.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 55860

RETURN OF A BIRTH

5860

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Whites

3. Date of Birth, May 26th

4. Place of Birth, (Street and Number) No 139 Eastern ave.

5. Full Name of Mother, Elizabeth Landre

6. Mother's Maiden Name, Guntel

7. Mother's Birthplace, Germany

8. Full Name of Father, Gustav Landre

9. Father's Occupation, labor work

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia L. Simon

Address,

Remarks,

of the parents, and the maiden name of the mother of each child of child ren.

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5861

RETURN OF A BIRTH *5761*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 26th*
4. Place of Birth, (Street and Number) *No. 127 Lombard st*
5. Full Name of Mother. *Birthy Levi*
6. Mother's Maiden Name, *" Gornusthal*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Polomon Gornusthal Levi*
9. Father's Occupation, *Commissioner*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Sybil Simon*
- Address, _____
- Remarks, _____

RETURN OF A BIRTH *15862*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

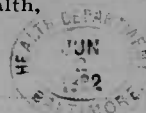


of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *1st* *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 26, 1882*
4. Place of Birth, (Street and Number) *348 N. Rutaw St*
5. Full Name of Mother, *Mary Ann Emma Parker*
6. Mother's Maiden Name, *" Markland*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mr. Jefferson Parker*
9. Father's Occupation, *Druggist*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes the Return *Dr. Williams M.D.*
- Address. *201 Madison Ave*
- Remarks,

RETURN OF A BIRTH *11863*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female) *1 Fifth Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *May 26 1892*
4. Place of Birth, (Street and Number) *302 Second*
5. Full Name of Mother, *Ruth Foster*
6. Mother's Maiden Name, *Ruth Spencer*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Christopher David Foster*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Riff Munn*
- Address, *1 Snowden St*
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child *Maurice Alexander Brooks*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *26 May 1882*

4. Place of Birth (Street and Number) *473 Rawlins St*

5. Full Name of Mother *Mary V Brooks*

6. Mother's Maiden Name *King*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *James A Brooks*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Wm C Warner
Stucker & Townsend

RETURN OF A BIRTH

1886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



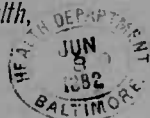
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *May 26th*
4. Place of Birth, (Street and Number) *36 Watson St*
5. Full Name of Mother, *Mary Raborn*
6. Mother's Maiden Name, *Dash*
7. Mother's Birthplace, *Pa*
8. Full Name of Father, *George Raborn*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Pa*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Cooper*
- Address, *72 E Lombard St*
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

55866

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 26th, 1882

4. Place of Birth (Street and Number)

246 S. Broadway

5. Full Name of Mother

Cecilia May

6. Mother's Maiden Name

Cecilia Kaufman

7. Mother's Birthplace

Germany

8. Full Name of Father

Louis May

9. Father's Occupation

Shoe Dealer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

John H. Rehberger, M.D.

Address

243 Alice Lane

Remarks

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5567

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 26 1882

4. Place of Birth, (Street and Number)

327 Lexington St

5. Full Name of Mother,

Sarah C Brown

6. Mother's Maiden Name,

Sarah C Carrolle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John C Brown

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. H. Wilson

Address,

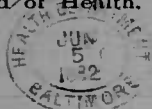
1216 Lexington St

Remarks,

RETURN OF A BIRTH

5868

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 26 - 1882

4. Place of Birth, (Street and Number)

384 Franklin St

5. Full Name of Mother,

Suzie Koppelman

6. Mother's Maiden Name,

Suzie Forty

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo Koppelman

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. H. L. Hagerman

Address,

1216 Leona St

Remarks,

RETURN OF A BIRTH 5869

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

When a child is born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday, March 26th, 1882.

4. Place of Birth, (Street and Number)

43 Tully St.

5. Full Name of Mother,

Late Bond

6. Mother's Maiden Name,

Late McCabe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Martens Bond

9. Father's Occupation,

Sealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Werner Bonitow, M.D.

Address,

25 1/2 Greenmount Ave.

Remarks,

Vertex Presentation



RETURN OF A BIRTH 55870

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2nd, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

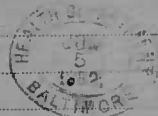
Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

White
May 26/82
X 214 Conway Street
Elizabeth Holbein
Jones
Baltimore clear
Edward Holbein
Baltimore B & O R. R. Co.
Baltimore clear

H. I. Spencer M.D.
387 N. Lombard St.



RETURN OF A BIRTH 55871

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Negro

3. Date of Birth,

May 26, 1882 9 AM

4. Place of Birth, (Street and Number)

Maternity Hospt. 161 N. Lombard

5. Full Name of Mother,

Grace Rodney

6. Mother's Maiden Name,

do

7. Mother's Birthplace,

King's Queen Co. Md.

8. Full Name of Father,

Not known

9. Father's Occupation,

10. Father's Birthplace,

Not known

Name of Medical Attendant, or other Person who makes this Return

Dr. Oze M. J. Tosh, Asst. Surg.

Address,

Maternity Hospt. 161 N. Lombard St.

Remarks,

X. O. S. Illegitimate

of the parents, and the maiden name of the mother to be written in this space.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55872

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 26 P. M. 1882*

4. Place of Birth (Street and Number) *21 Burke St.*

5. Full Name of Mother *Grace Jane Doyle*

6. Mother's Maiden Name *Grace Jane Howell*

7. Mother's Birthplace *Fair Haven Conn.*

8. Full Name of Father *Charles Redfield Taylor*

9. Father's Occupation *Office Packman*

10. Father's Birthplace *Fair Haven Conn.*

Name of Medical Attendant, or other Person who makes this return. *Samuel C. Drown M.D.*

Address *277 E. Baltimore St.*

Remarks

RETURN OF A BIRTH 1873

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child
Female

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

May 26th 1882
324 Hanover st

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

Mary Hipkin
Rittmiller

7. Mother's Maiden Name,

8. Mother's Birthplace,

America

9. Full Name of Father,

Charles Hipkin
Brick molder

10. Father's Occupation,

11. Father's Birthplace,

America

Name of Medical Attendant, or other Person who make this Return

J. Schwaasser midwife
330 Hanover st.

Address.

Remarks,

Each, all of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55874

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

May 26, 1882

5. Place of Birth, (Street and Number)

244 Guy St

6. Full Name of Mother,

Sarah Jackson

7. Mother's Maiden Name,

Sarah Bennett

8. Mother's Birthplace,

Dorchester, Mass

9. Full Name of Father,

Wm R. Jackson

10. Father's Occupation,

Carpenter

11. Father's Birthplace,

Bath, Me

Name of Medical Attendant, or other Person who makes this Return

Theodore Cook, M.D.

Address,

146 Hann St

Remarks,

RETURN OF A BIRTH 55875

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 27th of May 1892

4. Place of Birth, (Street and Number) 317 Lexington St

5. Full Name of Mother, Henrietta Prior

6. Mother's Maiden Name, Henrietta Detmering

7. Mother's Birthplace, Penn is Wisconsin U.S.

8. Full Name of Father, Edward Prior

9. Father's Occupation, Merchant

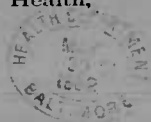
10. Father's Birthplace, Osnabruck (Germany)

Name of Medical Attendant, or other Person who makes this Return Dr. H. H. H. H. H.

Address, 120 Pearl St. Balt

Remarks,

of the parents, and the full name of the mother of such child or children.

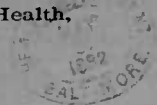


RETURN OF A BIRTH

55876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

2. Sex, (state whether male or female)

Girl

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

27th May 1882

5. Place of Birth, (Street and Number)

26 North Durham street,

6. Full Name of Mother,

Rosa Scherfer.

7. Mother's Maiden Name,

Rosa John.

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Mick John.

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel

Address,

21 North Chapel street per Justina Kunkel

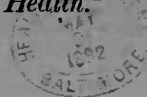
Remarks,

Healthy.

RETURN OF A BIRTH, 1877

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth

May 24 1882

4. Place of Birth, (Street and Number)

May 24 1882

5. Full Name of Mother

Anna Schuchle

6. Mother's Maiden Name

Anna Grund

7. Mother's Birthplace

Germany

8. Full Name of Father

George Schuchle

9. Father's Occupation

Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Catherine Thormaehlen

Address

10 18 Byrd St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 1877

RETURN OF A BIRTH

1887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 27 1882

4. Place of Birth, (Street and Number)

Maternity Hosp 161 W Lombard

5. Full Name of Mother.

Jeannie Clark

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Wm

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

W P M Delosh M.D. Phy

Address,

Maternity Hosp 161 W Lombard St

Remarks,

Illegitimate A.O.D.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the marriage name of the mother of such child or children.

RETURN OF A BIRTH.

55879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

111

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 27

4. Place of Birth (Street and Number)

168 Sharp St

5. Full Name of Mother

Elizabeth Remmer

6. Mother's Maiden Name

Dailey

7. Mother's Birthplace

City

8. Full Name of Father

Chas Remmer

9. Father's Occupation

Plumber

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

J. B. Bunch M.D.

Address

151 Madison St

Remarks



State of birth, sex, age, color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27th May

4. Place of Birth, (Street and Number)

Bittel St No 14

5. Full Name of Mother,

Monika Sehtan Whitburg

6. Mother's Maiden Name,

Monika Sehtan

7. Mother's Birthplace,

Gauterbach

8. Full Name of Father,

Nicholas Whitburg

9. Father's Occupation,

Labor

10. Father's Birthplace,

Wachenbrier

Name of Medical Attendant, or other Person who makes this Return

Josephina Condroad

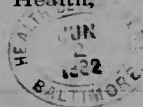
Address,

2d Barnes

Remarks,

RETURN OF A BIRTH 55881

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 27th

4. Place of Birth, (Street and Number) 71 Warner St Baltimore

5. Full Name of Mother, Annie Rickster

6. Mother's Maiden Name, Duncon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John E. Rickster

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. H. H. H. H.

Address, 1 S. ...

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 27th

4. Place of Birth, (Street and Number)

328 328 Sharp St Baltimore

5. Full Name of Mother,

Elise Reuling

6. Mother's Maiden Name,

Jungel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick Reuling

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. M. M. M.

Address,

1200 1200 St

Remarks,

PRINTED AND STATIONED

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55883

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

May 27th '82

4. Place of Birth (Street and Number)

32 Warner St.

5. Full Name of Mother

Mary A. Holtz

6. Mother's Maiden Name

Mary A. Penahan

7. Mother's Birthplace

Maryland

8. Full Name of Father

Laurence W. Holtz

9. Father's Occupation

Laborer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. J. Smith

Address

221 Parre St.

Remarks

Natural and easy labor

RETURN OF A BIRTH 5584

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d ch.

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race)

4. Date of Birth, May 27th 1882,

5. Place of Birth, (Street and Number) 92 Sharp.

6. Full Name of Mother, Betty P. R. Alton

7. Mother's Maiden Name, " Simon

8. Mother's Birthplace, Calvert Co. Md.

9. Full Name of Father, Geo. F. Alton,

10. Father's Occupation, Scr

11. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return R. J. W. Tall, M.D.

Address, 152 Sharp, N.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *19 Birth*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *Witt*

3. Date of Birth, *27 Mar*

4. Place of Birth, (Street and Number) *Leicester Street No 31*

5. Full Name of Mother *Eva Hasselbeck*

6. Mother's Maiden Name, *" " Geller*

7. Mother's Birthplace, *Wolg Bayern*

8. Full Name of Father, *Georg Hasselbeck*

9. Father's Occupation, *Ship Tailor*

10. Father's Birthplace, *Shaberdorn Baier*

Name of Medical Attendant, *Bank Street No 143.*
or other Person who makes this Return

Address, *Ann Maurel*

Remarks,

177 PRINTING AND STATISTICS

RETURN OF A BIRTH

55886

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 55896

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth May 27/1882

4. Place of Birth, (Street and Number) 11 East St

5. Full Name of Mother Martha Harden

6. Mother's Maiden Name "Giles

7. Mother's Birthplace Latol. Co. Md.

8. Full Name of Father Cyrus M. Harden

9. Father's Occupation Laborer

10. Father's Birthplace Lex. Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Edward P. M. Sick

Address 5711 Wisconsin St

Remarks

RETURN OF A BIRTH 5887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, May 27th. 1882

5. Place of Birth, (Street and Number) 10.78 Carroll st.

6. Full Name of Mother, Anna Rutz

7. Mother's Maiden Name, Anna Rutz

8. Mother's Birthplace, Germany

9. Full Name of Father, Andrew Rutz

10. Father's Occupation, Lock Smith.

11. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return H. A. Bell

Address, 1215 E. Carroll st. & Monument St.

Remarks, All Well

RETURN OF A BIRTH *1888*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *the 4*

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race)..... *White*

3. Date of Birth,..... *the 21st Mo*

4. Place of Birth, (Street and Number)..... *No. 124, Patton, St.*

5. Full Name of Mother,..... *Margaret Cecil*

6. Mother's Maiden Name,..... *Margaret Hildebrand*

7. Mother's Birthplace,..... *New York*

8. Full Name of Father,..... *John Hildebrand*

9. Father's Occupation,..... *Yaler*

10. Father's Birthplace,..... *Baltimore*

Name of Medical Attendant, or other Person who make this Return,..... *Dr. Cassius Sawyer*

Address,..... *113 Harper St.*

Remarks,..... *1888*

of the parents, and the maiden name of the mother, and state whether the child is male or female.

RETURN OF A BIRTH 55889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, etc.) 4th Child

2. Sex, (state whether male or female) male.

3. Race or Color, (if not of the white race)

4. Date of Birth, 27 of May.

5. Place of Birth, (Street and Number) 1973^{1/2} Baltimore

6. Full Name of Mother, May Walters.

7. Mother's Maiden Name, Lemch.

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Louis Walters.

10. Father's Occupation, Lechaer

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Anne J. M. M. M.

Address,

No. 45 S. Monroe St.

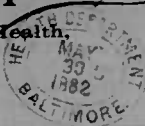
Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

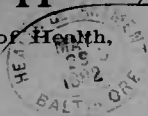
or other Person who
makes this Return

Address,

Remarks,

RETURN OF A BIRTH 55891

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 27th 1882

4. Place of Birth, (Street and Number)

No. 121 S. Ann Street

5. Full Name of Mother,

Mrs. Helen V. Lambdin

6. Mother's Maiden Name,

Mrs. Helen C. Taylor

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Thomas H. Lambdin

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel H. Garrett

Address,

No. 65 Burke St.

Remarks,

RETURN OF A BIRTH

15892

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Name: *Anna Cagle*

1. *1* of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female) *Female*

3. Race or Color, (if not of the white race)

4. Date of Birth, *May 18 - 1882*

5. Place of Birth, (Street and Number) *29 S. Bethel St.*

6. Full Name of Mother, *Ellen Cagle*

7. Mother's Maiden Name, *White*

8. Mother's Birthplace, *Baltimore Md*

9. Full Name of Father, *Thomas Cagle*

10. Father's Occupation, *Iron Moulder*

11. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Mary Stein*

Address, *151 E. Pratt St*

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55893

To the Office of Registrar of Vital Statistics, Board of Health,

Name: *Edward A. Möller* BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28th

4. Place of Birth, (Street and Number)

No 13 Race St

5. Full Name of Mother,

Mary Möller

6. Mother's Maiden Name,

Mary Kaiser

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Conrad Möller

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return

Dr. J. W. Mearns

Address,

1 Shoreham St

Remarks,

RETURN OF A BIRTH

15894

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *2d child*

2. Race or Color, (if not of the white race)

White

3. Date of Birth, *May 28, 1892*

4. Place of Birth, (Street and Number) *Lombard St. 16 215*

5. Full Name of Mother, *Margarette Rausch*

6. Mother's Maiden Name, *Margarette West*

7. Mother's Birthplace, *Lasbach, R. Prussia, Germany*

8. Full Name of Father, *Leonhard Rausch*

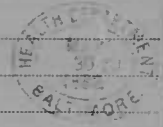
9. Father's Occupation, *Mechanic*

10. Father's Birthplace, *Wiesbaden, W. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return *Larry E. Müller*

Address, *1832 S. 1st St.*

Remarks,



RETURN OF A BIRTH 1895

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) white
4. Date of Birth, 28 May
5. Place of Birth, (Street and Number) 1027 Clay street
6. Full Name of Mother, Clary Ortman
7. Mother's Maiden Name, Leumann
8. Mother's Birthplace, Balt. Md.
9. Full Name of Father, Charles Ortman
10. Father's Occupation, Gray driver
11. Father's Birthplace, Baltimore
- Name of Medical Attendant, Dr. Rosa M. B. B.
or other Person who makes this Return
- Address, 1048 Halsted st
- Remarks, _____

Born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *no previous child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *1896*
3. Date of Birth, *barn on saturday the 28*
4. Place of Birth, (Street and Number) *pearce st 189*
5. Full Name of Mother, *Mary banks*
6. Mother's Maiden Name, *Mary aspy*
7. Mother's Birthplace, *acton va*
8. Full Name of Father, *lucy barth*
9. Father's Occupation, *he is a sail*
10. Father's Birthplace, *acton va*
- Name of Medical Attendant, or other Person who makes this Return. *J. de filler*
- Address,
- Remarks,

55897

Health.

BALTIMORE CITY.

name of the mother of such child or children.

1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

May 28th 1827
390 N. Bath St.
Bellin Culais
Bellin Scott
Cumberland, Md.
Joseph F. Culais
Printed
Woolwich Eng
John A. R. Hays Esq
City,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *E. Greenleaf*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *May 28th 1882*
4. Place of Birth, (Street and Number) *123 Ensor St.*
5. Full Name of Mother, *Mary E. Murphy*
6. Mother's Maiden Name, *" Quinn*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *P. J. Murphy*
9. Father's Occupation, *Hack driver*
10. Father's Birthplace, *Ireland*
Name of Medical Attendant, *Regina A. Warner*
or other Person who makes this Return.
Address, *186 Harford Ave*
Remarks,

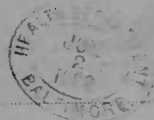
within six days hereafter, stating the name, sex, date of birth, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55899

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28th 1882

4. Place of Birth, (Street and Number)

33 Penn St.

5. Full Name of Mother,

Emily Holmes

6. Mother's Maiden Name,

Turner

7. Mother's Birthplace,

England

8. Full Name of Father,

Charles Holmes

9. Father's Occupation,

Clerk

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. H. H. H. H.

Address,

228 W. Eutaw St.

Remarks,

RETURN OF A BIRTH 5900

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

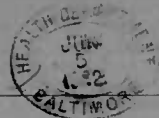


1. Sex, (state whether 1st, 2d, 3d, &c.) *2*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *white*
4. Date of Birth, *May 8 1887*
5. Place of Birth, (Street and Number) *176 W. 1st St*
6. Full Name of Mother, *Helie Mummick*
7. Mother's Maiden Name, *Ruth Deer*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Thomas Mummick*
10. Father's Occupation, *Welder*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other Person who makes this Return, *Dr. J. M. Mummick*
13. Address, *176 W. 1st St*
14. Remarks, *born at home*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 55902

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

on the 28th of May 1892

4. Place of Birth, (Street and Number)

105 German St.

5. Full Name of Mother

Wilhelmine Zirkelbach

6. Mother's Maiden Name

W. Zirkelbach

7. Mother's Birthplace

born in Prussia Germany

8. Full Name of Father

Louis Zirkelbach

9. Father's Occupation

Wesker

10. Father's Birthplace

born in Prussia Germany

Name of Medical Attendant, or other Person who makes this Return.

Miss Miller

Address

1117 W. Pratt St.

Remarks

RETURN OF A BIRTH 55903

RETURN OF A BIRTH 55903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 3 third,*

1. Sex, (state whether male or female) *female,*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *May 18. 1892*

4. Place of Birth, (Street and Number) *Pratt st No 820,*

5. Full Name of Mother, *Mary Magdalena Wright,*

6. Mother's Maiden Name, *Mary Magdalena Groh.*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *George W Wright,*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *Anne Friedman*

Address, *187 S. E. 1st St*

Remarks,

RETURN OF A BIRTH 55904

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



To be filled in by the Registrar of the Office of Vital Statistics, Baltimore City, or by the Registrar of the Office of Vital Statistics, Baltimore County, or by the Registrar of the Office of Vital Statistics, Baltimore Harbor.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucas
3. Date of Birth, May 28 1882
4. Place of Birth, (Street and Number) York St. No
5. Full Name of Mother, Esabella Simson
6. Mother's Maiden Name, Esabella Colons
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jarnell Simson
9. Father's Occupation, Labour
10. Father's Birthplace, Eastern Shore, Md Talbot Co. Md
- Name of Medical Attendant, or other Person who makes this Return Sarah Jane Williams
- Address, No. 752 Hughes St
- Remarks, ~~Nothing to report~~

RETURN OF A BIRTH 55905

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28th - 5 A. M.

4. Place of Birth, (Street and Number)

538 Washington St.

5. Full Name of Mother,

Bertha Dietrich

6. Mother's Maiden Name,

Bertha German

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

John Dietrich

9. Father's Occupation,

Foreign Clerk Baltimore Post Office

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Magdalena Bruns

Address,

1415 St. Ann Baltimore Balt. Md.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55906

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 28: 1882*
4. Place of Birth, (Street and Number) *199 Botten St*
5. Full Name of Mother, *Virginia Forbes*
6. Mother's Maiden Name, *Myers*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George S. Forbes*
9. Father's Occupation, *Scholar*
10. Mother's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Williams M.D.*
- Address, *201 Madison Ave*
- Remarks,

RETURN OF A BIRTH 15907

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) *M. Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 28 1882*

4. Place of Birth, (Street and Number) *N. 131 Surgo Street*

5. Full Name of Mother, *L. Racol*

6. Mother's Maiden Name, *L. King*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Racol*

9. Father's Occupation, *Shoe Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. E. Schmidt*

Address, *N. 528 Penna Avenue*

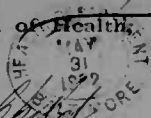
Remarks,

PRINTERS AND STATIONERS

RETURN OF A BIRTH 15908

RETURN OF A BIRTH 55908

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 27th 1882

4. Place of Birth, (Street and Number)

No 193 Guttman's alley

5. Full Name of Mother,

Louise Cetter

6. Mother's Maiden Name,

Boatz

7. Mother's Birthplace,

America

8. Full Name of Father,

Christian Cetter

9. Father's Occupation,

Butcher

Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes the Return

J. Schwasser midwife

Address,

330 Manover st.

Remarks,

RETURN OF A BIRTH 55909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

Colored Race

4. Date of Birth,

May 29 1882

5. Place of Birth, (Street and Number)

243 Urban St

6. Full Name of Mother,

Hester Young

7. Mother's Maiden Name,

Andersonal Young

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Lucindia Woodford

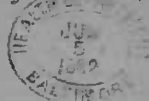
Address,

130 Regester St

Remarks,

RETURN OF A BIRTH 55910

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Monday May 29th 82 A.M.

4. Place of Birth, (Street and Number)

15-5 Pop Walk Alley

5. Full Name of Mother,

Eliza Jane Jones Giles

6. Mother's Maiden Name,

Eliza Jane Barnes

7. Mother's Birthplace,

Dorchester Co. Md.

8. Full Name of Father,

Myron Giles

9. Father's Occupation,

Laboer

10. Father's Birthplace,

Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Sarah Jones

Address,

15 Conway St.

Remarks,

The child is in good condition, of dark complexion —

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 55911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 29th 1882
4. Place of Birth (Street and Number) 45 N. Calhoun St
5. Full Name of Mother Annie F. Schocke
6. Mother's Maiden Name " " Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father Hermann Schocke
9. Father's Occupation Salesman
10. Father's Birthplace Bremen Germany
Name of Medical Attendant, or other Person who makes this Return. Thomas O'Leary
Address 39 N. Carey St
Remarks

RETURN OF A BIRTH 59/2,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

55913

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race). Black
3. Date of Birth May 29th 1882
4. Place of Birth (Street and Number) 13 Hamilton St
5. Full Name of Mother Martinez Myas
6. Mother's Maiden Name Bell
7. Mother's Birthplace Bell Md
8. Full Name of Father James Myas
9. Father's Occupation Cyber Shop
10. Father's Birthplace Bell Md
- Name of Medical Attendant, or other Person who makes this Return. Jane D. Castro
- Address 17 Hamilton St
- Remarks

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5914

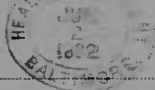
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) male -
2. Race or Color (if not of the white race) white
3. Date of Birth May 29 - 1887
4. Place of Birth (Street and Number) 173 N. Gilman
5. Full Name of Mother Anna Murray
6. Mother's Maiden Name " Leister
7. Mother's Birthplace Balto - Md -
8. Full Name of Father Wm. E. Murray
9. Father's Occupation Bank Clerk
10. Father's Birthplace Balto Md
Name of Medical Attendant, or other Person who makes this Return. John J. King
Address 215 Carrollton
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29 May 1902*
4. Place of Birth, (Street and Number) *16 E. George St*
5. Full Name of Mother, *Marie Heckel*
6. Mother's Maiden Name, *Marie Hege*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Heckel*
9. Father's Occupation, *Wine Merchant*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. ...*
- Address, *...*
- Remarks, *...*

W. H. & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

55916

born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

55916

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 29th

4. Place of Birth, (Street and Number)

No 77 Bond st

5. Full Name of Mother,

Katie Teker

6. Mother's Maiden Name,

Heimer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm H. Teker

9. Father's Occupation,

Painter

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Sophia Simon

Address,

Remarks,

RETURN OF A BIRTH, 55917

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 27 1882

4. Place of Birth, (Street and Number) corner of no number

5. Full Name of Mother Julia Platen

6. Mother's Maiden Name Julia Lanner

7. Mother's Birthplace Balto

8. Full Name of Father Julius Platen

9. Father's Occupation Lanner

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Hager

Address No 182 of Monument st

Remarks

consolidated, without any change of name, with the full name, nativity, and residence of the parent, and the name of the mother of such child or children.

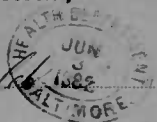
RETURN OF A BIRTH

RETURN OF A BIRTH 559187

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race)
 3. Date of Birth, May 29th 1882
 4. Place of Birth, (Street and Number) 107 S. Charles St
 5. Full Name of Mother, Elisabeth Lotz
 6. Mother's Maiden Name, Miller
 7. Mother's Birthplace, America
 8. Full Name of Father, Albert Lotz
 9. Father's Occupation, Dyer & Scourer
☒ Father's Birthplace, Germany
 Name of Medical Attendant, or other Person who makes this Return J. Schwasser Midwife
 Address, 330 Hansard St
 Remarks,



RETURN OF A BIRTH 55919

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



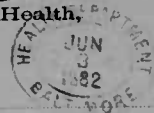
of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *May 29 1882*
5. Place of Birth, (Street and Number) *Spiber st 185*
6. Full Name of Mother, *Mary Gerwig*
7. Mother's Maiden Name, *Mary Elbe Jones*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *Charles Gerwig*
10. Father's Occupation, *Clerk*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other Person who makes this Return *Mrs. E. Luman*
13. Address, *No 54 Frederick av*
14. Remarks, _____

born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5920

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *May 29*
4. Place of Birth, (Street and Number) *Baltimore Conway St No 125*
5. Full Name of Mother, *Ida Berry*
6. Mother's Maiden Name, *Ida Woodall*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Berry*
9. Father's Occupation, *Cropper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wm M. Shaffer*
- Address, *No 114 Bridgely St.*
- Remarks, _____

W. DUNN & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5921

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55921

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6.

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 29, 1882

4. Place of Birth (Street and Number)

49 Sullivan St.

5. Full Name of Mother

Mary McAllister

6. Mother's Maiden Name

Loose

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas. McAllister

9. Father's Occupation

Gas Inspector

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Scuffert

Address

4 Catherine St.

Remarks

RETURN OF A BIRTH

55921

to be filled out by the Registrar, or by the Medical Attendant, or by the parent, or by the child, or by the nurse, or by the midwife, or by the physician, or by the coroner, or by the jury, or by the court, or by the legislature, or by the people.

Received
17th 1898 R.B.

RETURN OF A BIRTH.

85921 1/2

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 29 1882*
4. Place of Birth (Street and Number) *49 Hillens St*
5. Full Name of Mother *Adeline McCallister*
6. Mother's Maiden Name *Savo*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William D McCallister*
9. Father's Occupation *Gas Inspector*
10. Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return. *Dr. Campbell D.*
Address *Charles Center St*
Remarks

55922

HEALTH
TAL
MORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 26, 1882
4. Place of Birth, (Street and Number) 1. Eden St. N.Y. 189
5. Full Name of Mother, Augusta Lindner
6. Mother's Maiden Name, Augusta Bae
7. Mother's Birthplace, Ball's Blk.
8. Full Name of Father, Friedrich Lindner
9. Father's Occupation, Box maker
10. Father's Birthplace, Ball's Blk.

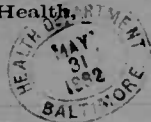
Name of Medical Attendant, or other Person who makes this Return.

Address, W. E. Atkins, Jr., No 26

Remarks.

RETURN OF A BIRTH 5923

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children.

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *May 30 1902*
4. Place of Birth, (Street and Number) *1562 Johnson St. Baltimore Md.*
5. Full Name of Mother, *Mary Henning*
6. Mother's Maiden Name, *John L. Litch.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Henning*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Nash*
Address, *107 Johnson St. Baltimore Md.*
Remarks,

RETURN OF A BIRTH

55924

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

When the child is born, its or their physical condition, whether still born or not, the full name, sex, and color of the child or children, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *30th May 1882*

4. Place of Birth, (Street and Number) *23 Brown St.*

5. Full Name of Mother, *Emma Rickens*

6. Mother's Maiden Name, *Will*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Rickens*

9. Father's Occupation, *Cann. machist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary H. H. H.

Address,

No 328 S. E. 1st St.

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55925

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *May 30th*
4. Place of Birth (Street and Number) *Welcome Alley 161 in rear*
5. Full Name of Mother *Mary E. Coatie*
6. Mother's Maiden Name *same*
7. Mother's Birthplace *Richmond Va.*
8. Full Name of Father *unknown*
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Gayles*
- Address *No 146 Charles street*
- Remarks

RETURN OF A BIRTH.

55926

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 55926

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 30. 1882

4. Place of Birth (Street and Number) 358 N. Broadway

5. Full Name of Mother Margaretta Ruth

6. Mother's Maiden Name Margaretta Nitz

7. Mother's Birthplace Germany

8. Full Name of Father Georg Ruth

9. Father's Occupation Constable and Officer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. N. Linn M. D. Parson

Address N. 88 E. Lombard. St Baltimore

Remarks

RETURN OF A BIRTH 55927

RETURN OF A BIRTH ⁵⁵⁹²⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

first

male

white

May 30. 1882.

114 Mohr St.

Louisa A. Prevost

Coleman

Balto. City

J. Jule Prevost

Clerk

Balto. City

M. Christian M.D.

431 Penn. Ave.



COPIES MADE 3-8-32

RETURN OF A BIRTH 55928

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

John Peter Lindenstruth

Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 31st - 1882*

4. Place of Birth, (Street and Number) *378 Clay St.*

5. Full Name of Mother, *Anne Lindenstruth*

6. Mother's Maiden Name, *Roub*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Louis Lindenstruth*

9. Father's Occupation, *Signsmoher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Sarah Jasper*

Address, *22 E. Lombard St.*

Remarks,

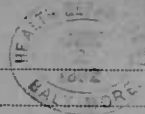
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5729

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *May 20 1899*
4. Place of Birth, (Street and Number) *10 Hamilton St*
5. Full Name of Mother, *Maggie Carroll*
6. Mother's Maiden Name, *Magdalen Hemmick*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Christian Carroll*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. S. C. Pillsbury*
- Address, *225 Pennell Ave*
- Remarks,



RETURN OF A BIRTH.

55730

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

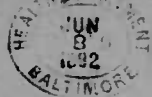


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth May 20 1892
4. Place of Birth (Street and Number) 12380 Hamburg St
5. Full Name of Mother. Luisa Hennessy
6. Mother's Maiden Name Luisa Rodell
7. Mother's Birthplace Eastern Shore Md
8. Full Name of Father Henry Hennessy
9. Father's Occupation cooper
10. Father's Birthplace Eastern Shore Md
- Name of Medical Attendant, or other Person who makes this Return Mary Hennessy
- Address 12 51 Leadenhall Street
- Remarks as well as can be expected

name of the mother of such child or children.

RETURN OF A BIRTH 55931

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

30th May 1892

4. Place of Birth, (Street and Number)

Hoffman St. near Baltimore County

5. Full Name of Mother,

Mary Link

6. Mother's Maiden Name,

Mary Milchling

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Edw. Link

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Hopewell, Pa.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 5732

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

30 of May 1892

4. Place of Birth, (Street and Number)

381 Eastern Ave

5. Full Name of Mother,

Georgiana Martin

6. Mother's Maiden Name,

Michelson

7. Mother's Birthplace,

Washington

8. Full Name of Father,

John Martin

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Washington

Name of Medical Attendant, or other Person who makes this Return

Mr. Wiley

Address,

1214 Patterson St. Bk. No.

Remarks,



RETURN OF A BIRTH 5733

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boys
White

2. Race or Color, (if not of the white race)

3. Date of Birth, 30th May 1892

4. Place of Birth, (Street and Number)

Balto Walf St No 209

5. Full Name of Mother,

Mary Lovci

6. Mother's Maiden Name,

Maria Karar

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Lovci

9. Father's Occupation,

Wheeler

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary O'Connell

Address,

69 Washington

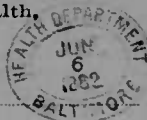
Remarks,

Mary O'Connell

RETURN OF A BIRTH 5934

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

9th

Female

White

May, 30th 1882

Baltimore Schroder St. No. 29

Laura Sparrowhawk

Upperman

Baltimore

John Sparrowhawk

Carpenter

Massachusetts

Mrs. G. Mitchell

No. 38 Park St.

RETURN OF A BIRTH 55935

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

1. Sex, (state whether 1st, 2d, 3d, &c.)

First

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

Colored

4. Date of Birth,

May 20th 1880

5. Place of Birth, (Street and Number)

1 Dallas St. One Door from Lombard

6. Full Name of Mother,

Sam Snowdon

7. Mother's Maiden Name,

" " Thomas

8. Mother's Birthplace,

Eastern Shore

9. Full Name of Father,

Alfred Snowdon

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Beaton

Address,

Remarks,



RETURN OF A BIRTH 55936

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Brown complexion*

3. Date of Birth, *May 26th 1882*

4. Place of Birth, (Street and Number) *19 Lexington*

5. Full Name of Mother, *Caroline Messy*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Hampden Va.*

8. Full Name of Father, *Joseph Messy*

9. Father's Occupation, *Walter*

10. Father's Birthplace, *Centerville Md.*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address, *6 Hamilton St.*

Remarks,

RETURN OF A BIRTH 55137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

May 30

Place of Birth, (Street and Number)

26 Hull St Locust Rk Balto

Full Name of Mother,

Mary Ellen Curran

Mother's Maiden Name,

Mary Ellen Coughlin

Mother's Birthplace,

Baltimore

Full Name of Father,

Thomas Francis Curran

Father's Occupation,

Sealer of Cars

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Maggie Ettel

Address.

No 13 Cuba St Locust Rk Baltimore

Remarks.

THE PRINTERS AND STATIONERS

RETURN OF A BIRTH 55138

RETURN OF A BIRTH 55938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st Male

2d Negro

May 30 1882

W. Lombard St. Maternity Hosp

Mary Rodgers

2d

Baltimore Md

Physician

W. P. McIntosh Resident Phy

Maternity Hosp 161 W. Lombard St

F. O. J. A

Illegitimate

55939 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth 31 May 1892

4. Place of Birth (Street and Number) 244 S South Bond St

5. Full Name of Mother Louisa Diebel

6. Mother's Maiden Name Louisa Giel

7. Mother's Birthplace Baltimore

8. Full Name of Father Adam Diebel

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louisa Smith

Address The Child's Name John Adam Casper Diebel

Remarks

name of the mother of such child or children.

55940 RETURN OF A BIRTH.

Give in this column, stating succinctly the time of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55940

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Coloured
3. Date of Birth May 31st 1882
4. Place of Birth (Street and Number) Baltimore 120 Hamburg St
5. Full Name of Mother Annie Wheeler
6. Mother's Maiden Name Annie Ringold
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Wheeler
9. Father's Occupation Cyesteering
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mr Francis Granby

RETURN OF A BIRTH, 55941

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

White

May 31 1882

97 1/2 Paul St.

Laura P. Rielt

Ayer

Battle

Elisia S. Rielt

M. D.

S. Carolina

N. C. L. 2

Harmon Barne

born, as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55942

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

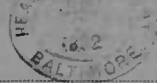


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 31st 1882*
4. Place of Birth (Street and Number) *No. 272 George Street.*
5. Full Name of Mother *Hattie Chesley*
6. Mother's Maiden Name *Henkle*
7. Mother's Birthplace *Maryland - A. A. County.*
8. Full Name of Father *John W. Chesley*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Maryland - A. A. County*
- Name of Medical Attendant, or other Person who makes this Return *J. Ridgely Hammond M. D.*
- Address *N. E. Cor. Calhoun & Hollins Sts.*
- Remarks *Large, healthy child.*

RETURN OF A BIRTH

55743

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *31st of May*

4. Place of Birth, (Street and Number) *Hudson Alley*

5. Full Name of Mother, *Ellen Irene Hitchcock*

6. Mother's Maiden Name, *" Myrley*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *Joshua Hitchcock*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who make this Return *Charlotte Legley*

Address, *369 Cathedral St.*

Remarks,

RETURN OF A BIRTH

55744

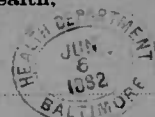
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *11 Birth*
 1. Sex, (state whether male or female) *Boi*
 2. Race or Color, (if not of the white race) *Wet*
 3. Date of Birth, *31 Dec*
 4. Place of Birth, (Street and Number) *Edmond Street No 41*
 5. Full Name of Mother, *Elisabatta Gutscher*
 6. Mother's Maiden Name, *" " Heaf*
 7. Mother's Birthplace, *Wilmersbach Boien*
 8. Full Name of Father, *W.helm Gutscher*
 9. Father's Occupation, *Shaffer*
 10. Father's Birthplace, *Goritz Prusen*
 Name of Medical Attendant, *Bauk Street No 143*
or other Person who makes this Return
 Address,
 Remarks, *Indi Incurd*

RETURN OF A BIRTH 55945

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 6 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 Patterson Park

4. Place of Birth, (Street and Number) 314 May 1882

5. Full Name of Mother, Julia Hunt

6. Mother's Maiden Name, Wallace

7. Mother's Birthplace, Somerset Co

8. Full Name of Father, George Hunt

9. Father's Occupation, Sawyer

10. Father's Birthplace, Somerset Co

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley Hall

Address, Patterson Park Av

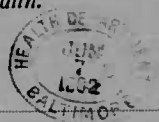
Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

55946



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 31 - '82

4. Place of Birth (Street and Number)

288 Mulberry St

5. Full Name of Mother

Rosa Alice Cassell

6. Mother's Maiden Name

Alexander

7. Mother's Birthplace

Carroll County, Md.

8. Full Name of Father

Chas. Henry Cassell

9. Father's Occupation

House - Painter

10. Father's Birthplace

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Louis H. Knight M.D.

Address

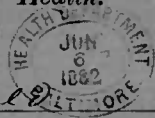
112 N. Greene St.

Remarks

RETURN OF A BIRTH, 55947

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

May 31 82

4. Place of Birth, (Street and Number)

185 Mc Culloch St

5. Full Name of Mother

Mary Foster

6. Mother's Maiden Name

William

7. Mother's Birthplace

Balt

8. Full Name of Father

Henry D Foster

9. Father's Occupation

Sea-Captain

Father's Birthplace

Massachusetts

Name of Medical Attendant, or other Person who makes this Return.

H W Weiskopf MD

Address

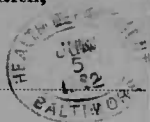
57 Barclay St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 55948

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 31 1882
5. Place of Birth, (Street and Number) 406 Madison Ave
6. Full Name of Mother, Mary Griffith
7. Mother's Maiden Name, Thorp
8. Mother's Birthplace, Baltimore
9. Full Name of Father, David R. Griffith
10. Father's Occupation, Merchant
11. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return D. B. Williams M.D.
- Address 254 Madison Ave
- Remarks,

RETURN OF A BIRTH.

5949

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *May 31st 1882*
4. Place of Birth (Street and Number) *No 86 Reberg Street*
5. Full Name of Mother *Lucy Adel Chase*
6. Mother's Maiden Name *Lucy Adel Duckett*
7. Mother's Birthplace *Fredrick County Maryland*
8. Full Name of Father *Daniel Dennis Chase*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *H S Bowler M D*
- Address *No 210 N Howard St*
- Remarks

born, (as or their physical condition, whether still born or not, the full name, nativity, age, residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ^{5595A}

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 31st 1882
4. Place of Birth, (Street and Number) 257 Orleans St
5. Full Name of Mother, Anna Wilson
6. Mother's Maiden Name, A. Rice
7. Mother's Birthplace, Alexandria Va
8. Full Name of Father, Wm. F. Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Alexandria Va
- Name of Medical Attendant, or other Person who makes this Return Wm. F. Wilson
- Address, 115 D. Duncan Alley
- Remarks, _____

RETURN OF A BIRTH 55951

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 326

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31 1882

4. Place of Birth, (Street and Number) 3 Eilen St

5. Full Name of Mother, Priscilla Franklin

6. Mother's Maiden Name, Priscilla Jones

7. Mother's Birthplace, Anna Arundel County

8. Full Name of Father, Abraham Franklin

9. Father's Occupation, Laborer

10. Father's Birthplace, Anna Arundel County

Name of Medical Attendant, or other Person who makes the Return Dr. G. L. Wacker

Address, 115 E. Duncan St

Remarks,

RETURN OF A BIRTH 55902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 31st 1887

4. Place of Birth, (Street and Number)

377 N. Broadway

5. Full Name of Mother.

Johanna Albrecht

6. Mother's Maiden Name.

Strohmeyer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Charles T. Albrecht

9. Father's Occupation,

Tobaccoist

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

S. W. Seldner M.D.

Address,

S. E. Cor. Gay and Caroline Sts.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

Bl. of male May

4. Place of Birth, (Street and Number)

258 Montgomery

5. Full Name of Mother,

Emma Johnson

6. Mother's Maiden Name,

Emma Brink

7. Mother's Birthplace,

Robert County

8. Full Name of Father,

John L. Jones

9. Father's Occupation,

Drummer

10. Father's Birthplace,

Large Town

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. C. Gross

Address,

121 W. 1st St.

Remarks,

Missing
55954

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 1st 1882

4. Place of Birth, (Street and Number)

McCormack Ave

5. Full Name of Mother,

Lucie Gesterman

6. Mother's Maiden Name,

Lucie Wheland

7. Mother's Birthplace,

Baltimore Md

Name of Father,

Charles Gesterman

8. Father's Occupation,

Care Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Appleton

Address,

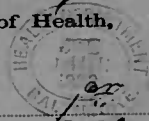
3115 Pennsylvania Ave

Remarks,



RETURN OF A BIRTH ⁵⁵⁹⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



To be filled out by the parent, or the mother name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 2. Sex, (state whether male or female) *Female*
 3. Race or Color, (if not of the white race) *White*
 4. Date of Birth, *June 7, 1882*
 5. Place of Birth, (Street and Number) *134 Williams St*
 6. Full Name of Mother, *Katie Rodgers*
 7. Mother's Maiden Name, *Katie Werten*
 8. Mother's Birthplace, *City*
 9. Full Name of Father, *Chas Rodgers*
 10. Father's Occupation, *Produce Dealer*
 11. Father's Birthplace, *City*
 Name of Medical Attendant, or other Person who makes this Return *J. B. Noble, M.D.*
 Address, *58 Hanover av*
 Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 1st June

4. Place of Birth (Street and Number) No 6 James Alley

5. Full Name of Mother Margaret Baker

6. Mother's Maiden Name Margaret Powers

7. Mother's Birthplace Baltimore

8. Full Name of Father Samuel Baker

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Gaskey

Address 15 Hollings St

Remarks Doing well

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Children

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Lollard Child

3. Date of Birth

June 1st 1882

4. Place of Birth (Street and Number)

No 63 Warnuth. Aly.

5. Full Name of Mother

Mrs Leize William

6. Mother's Maiden Name

M. Leize Anderson.

7. Mother's Birthplace

Washington Dc Col

8. Full Name of Father

John William

9. Father's Occupation

Waiter

10. Father's Birthplace

Washington Dc

Name of Medical Attendant, or other Person who makes this Return.

Dr. Sarah DeRoll

Address

No 9 Jasper St

Remarks

Baltimore

RETURN OF A BIRTH.

55759

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

1 June

4. Place of Birth (Street and Number)

375 W. Henry St.

5. Full Name of Mother

Louisa Junger

6. Mother's Maiden Name

Louisa Bruckner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Junger

9. Father's Occupation

Baltimore

10. Father's Birthplace

Butcher

Name of Medical Attendant, or other Person who makes this Return.

Rosa Anderson

Address

369 W. Henry

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 5596a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, June 1st 1882

5. Place of Birth, (Street and Number) 16 North Chappel St

6. Full Name of Mother... Eliza Rebecker Elliott

7. Mother's Maiden Name, "

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Howard Burick

10. Father's Occupation, Boot Fitter

11. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Ellen Hardon

Address, 273 North Chappel St

Remarks,



of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

55961

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

June 1. 1882

4. Place of Birth (Street and Number)

62 St Mary St

5. Full Name of Mother

Ann Manning Christian

6. Mother's Maiden Name

An. Heth. in Scott

7. Mother's Birthplace

New Kent Co. Va.

8. Full Name of Father

David C. Christian

9. Father's Occupation

Walter

10. Father's Birthplace

New Kent. Va.

Name of Medical Attendant, or other Person who makes this Return.

Dr. Anne J. Brown

Address

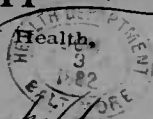
93 J. Brown Street

Remarks

RETURN OF A BIRTH

55962

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, nativity, and race of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2nd child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 1st 1889
No 3 E. 1st St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Matilde Hoffman
Weiffert

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany
Phillip Hoffman

8. Full Name of Father,

Father's Occupation,

Cheese-maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwaesser midwife
330 Hanover St

Address,

Remarks,

RETURN OF A BIRTH 55963

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, June the 1. 1882

4. Place of Birth, (Street and Number) 1212 1/2 Court St. N. Y.

5. Full Name of Mother, Brigitta James Lepelars

6. Mother's Maiden Name, Brigitta Turner

7. Mother's Birthplace, County, Hinc. Pr. Prist. Europa

8. Full Name of Father, James Lepelars

9. Father's Occupation, Laborer

10. Father's Birthplace, County, Hinc. Pr. Prist. Europa

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, Dallas St. 104 26.

Remarks.

Write in ink, saying distinctly the date of birth, sex, age, color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 55964

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether male or female) 4

2. Race or Color, (if not of the white race) Boy

3. Date of Birth, 1 June 1892

4. Place of Birth, (Street and Number) Balto Caroline St 10

5. Full Name of Mother, Anna Prokesh

6. Mother's Maiden Name, Anna Novek

7. Mother's Birthplace, Bakemia

8. Full Name of Father, James Prokesh

9. Father's Occupation, Laborer

10. Father's Birthplace, Bakemia

Name of Medical Attendant, or other Person who makes this Return May Raphael

Address, 69 N Washington St

Remarks, May Raphael

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name: *George Milton Ames*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June 1st 1892*
4. Place of Birth, (Street and Number) *Chesley near Hoffman St*
5. Full Name of Mother, *Mary Ann Ames*
6. Mother's Maiden Name, *Mary Ann (Ames) Arendt*
7. Mother's Birthplace, *Allegheny County*
8. Full Name of Father, *Theo Ames*
9. Father's Occupation, *Gas meter*
10. Father's Birthplace, *Baldwin County*
- Name of Medical Attendant, *J. Harold Maitenough, M.D.*
or other Person who makes this Return
- Address, *N.W. Cor. Hoffman & Chesley Sts.*
- Remarks,

RETURN OF A BIRTH

55966

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 1st 1882*

4. Place of Birth, (Street and Number) *Helling St. No. 578*

5. Full Name of Mother, *Christine Weitzel*

6. Mother's Maiden Name, *Christine Berg Bros.*

7. Mother's Birthplace, *Grasburg, Pomerania, Germany*

8. Full Name of Father, *Johann Weitzel*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Kreuznach, R. Prussia, Germany*

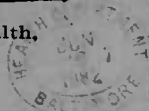
Name of Medical Attendant, *Mary E. Miller*

Address, *McGall's Bldg. No. 26*

Remarks, _____

RETURN OF A BIRTH ⁵⁵⁷⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *2.30 1st of June.*
4. Place of Birth, (Street and Number) *No. 18 N. Arlington ave.*
5. Full Name of Mother, *Louise Rose*
6. Mother's Maiden Name, *Louis Rulancister*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Harry August Rose*
9. Father's Occupation, *Cabinet maker.*
10. Father's Birthplace, *Silesia*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Lumber*
- Address, *60 E. 1st St.*
- Remarks,

RETURN OF A BIRTH ⁵⁵⁹⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

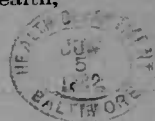
1. Sex, (state whether 1st, 2d, 3d, &c.) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 15 1882
4. Place of Birth, (Street and Number) 240 1 Ave St.
5. Full Name of Mother, Sarah Giles
6. Mother's Maiden Name, Sarah Williams
7. Mother's Birthplace, Bach Md
8. Full Name of Father, James Giles
9. Father's Occupation, Saloon
10. Father's Birthplace, Bach Md
- Name of Medical Attendant, or other Person who makes this Return Dr. Frank Mackey
- Address, 15 Princeton Alley
- Remarks,

RETURN OF A BIRTH

1896

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



within six days thereafter, stating distinctly the date of birth, the name, nativity, and residence of the child, whether still-born or not, the full name, nativity, and residence of the mother, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st of June 1882

4. Place of Birth, (Street and Number)

325 East Wilson street

5. Full Name of Mother,

Kate Silber

6. Mother's Maiden Name,

Kate Ellard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Ellard

9. Father's Occupation,

Corn maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Ernestine Kunkel

Address, 71 North Chappel street per doctor Kunkel.

Remarks, Healthy

RETURN OF A BIRTH 5970

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st of June 1892

4. Place of Birth, (Street and Number) 214 North Bond St.

5. Full Name of Mother, H. L. Bold.

6. Mother's Maiden Name, H. Hoffmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry L. Bold

9. Father's Occupation, Doctor House

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Wilson

Address, 125 North Bond St.

Remarks,



of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 4-25-55

RETURN OF A BIRTH 55971

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

● Harry Mackin Campbell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 1 - 1882

4. Place of Birth, (Street and Number) 379 McHenry St.

5. Full Name of Mother, Jimmie E. Campbell

6. Mother's Maiden Name, "McAbbe

7. Mother's Birthplace, Balto.

8. Full Name of Father, Henry C. Campbell

9. Father's Occupation, Laborer

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return, T Chew Worthington M.D.

Address, 10. 373 W. Fayette St.

Remarks,



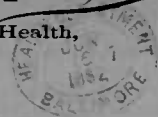
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

55972

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 1/2

1. Sex, (state whether male or female) 2. Male

2. Race or Color, (if not of the white race) ..

3. Date of Birth, June 12

4. Place of Birth, (Street and Number) Maeshe St. No 35

5. Full Name of Mother, Henrietta Otterbach

6. Mother's Maiden Name, Henrietta Otterbach Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John G. Otterbach

9. Father's Occupation, Unit

10. Father's Birthplace, German

Name of Medical Attendant, or other Person who makes this Return Mrs. Dummer

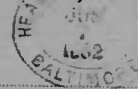
Address, 100 N. Howard St.

Remarks,

RETURN OF A BIRTH 55973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1882
4. Place of Birth, (Street and Number) 240 Waverly St
5. Full Name of Mother, Emma Hamaling
6. Mother's Maiden Name, Emma McDermott
7. Mother's Birthplace, West Virginia
8. Full Name of Father, Charles Hamaling
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this return Theodore Cook Md
- Address, 1468 Sumner St
- Remarks,

DATE WHEN MADE 3-17-55
RETURN OF A BIRTH, 5974

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Edward Charles 9th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

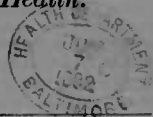
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

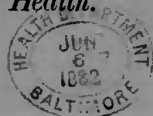
RETURN OF A BIRTH 5975

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 55975

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 15th June

4. Place of Birth, (Street and Number) 82 Eutaw st

5. Full Name of Mother Catharine Pearson

6. Mother's Maiden Name Nicholson

7. Mother's Birthplace Balt.

8. Full Name of Father Wm J Pearson

9. Father's Occupation Shirt Manufacturer

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. H W Welch

Address 54 Barnes st

Remarks

RETURN OF A BIRTH

55976

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH.

55976

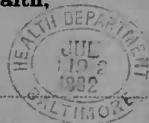
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 1st 1882
4. Place of Birth (Street and Number) 54 Madison (West)
5. Full Name of Mother Fanny Hopkins
6. Mother's Maiden Name Miss F. G. Graft
7. Mother's Birthplace Berlin
8. Full Name of Father J. S. Hopkins
9. Father's Occupation Merchant
10. Father's Birthplace ?
- Name of Medical Attendant, or other Person who makes this Return Christopher Johnson M.D.
- Address No 82 Franklin St.
- Remarks Forcible, hemorrhage after Parturition - Recovery Chief -

RETURN OF A BIRTH 55977

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2nd Day June 1882*

4. Place of Birth, (Street and Number) *189 Division Street*

5. Full Name of Mother, *Mary E. Durham*

6. Mother's Maiden Name, *" " Thout*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *E. D. Durham*

9. Father's Occupation, *Drick Layer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. J. Seback*

Address, *No. 439 West Pratt Street*

Remarks,

RETURN OF A BIRTH

5978

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jew

3. Date of Birth, 2 June

4. Place of Birth, (Street and Number) 132 Spring street

5. Full Name of Mother, Sarah Ash

6. Mother's Maiden Name, " Oppenheimer

7. Mother's Birthplace, France

8. Full Name of Father, Jacob Ash

9. Father's Occupation, Second hand store

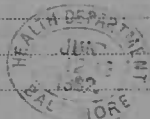
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Rosa Ullig
48 Holland street



RETURN OF A BIRTH

5979

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Print the full name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2nd 1882

4. Place of Birth, (Street and Number) 941 Prince

5. Full Name of Mother, Minnie Schriener

6. Mother's Maiden Name, Minnie Wensel

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Schriener

9. Father's Occupation, Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. M. Schriener

Address, 645 Prince and

Remarks, _____

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5598

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



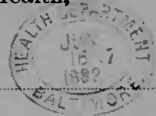
- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *second child*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *second of June*
4. Place of Birth, (Street and Number) *corn. Canal & Lomb. Anne 414*
5. Full Name of Mother, *Mary Annie Stadler*
6. Mother's Maiden Name, *Mary Annie Ruckel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Stadler*
9. Father's Occupation, *Laborn*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Louisa Wiley*
- Address, *No. 12 Talbotson Park Anne*
- Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 55981

RETURN OF A BIRTH 55781

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 2, 82

4. Place of Birth, (Street and Number)

118 Warner St

5. Full Name of Mother,

Mary Lesner

6. Mother's Maiden Name,

Rebeck Jenkins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mary Lesner

9. Father's Occupation,

glass blower

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Hook

Address,

328 J. E. E. St

Remarks,

Printed and published by the City of Baltimore, at the Office of the Registrar of Vital Statistics, Board of Health, No. 118 Warner St.

1. Name of child, sex, date of birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

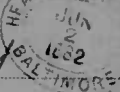
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 2nd

4. Place of Birth, (Street and Number)

164 S. Caroline Str

5. Full Name of Mother,

Annie Siegel

6. Mother's Maiden Name,

Annie Blum

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Joseph Siegel

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Sarah Gendler

Address,

72 E. Lombard Str

Remarks,

~~Child born at home, mother and father both born in Baltimore, Md. Child is healthy and strong.~~

State, age or latest physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 2nd 1892

4. Place of Birth, (Street and Number) No 58. Burgundy City

5. Full Name of Mother, Mary Augustus

6. Mother's Maiden Name,

7. Mother's Birthplace, Dorchester County Maryland

8. Full Name of Father, John Augustus

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

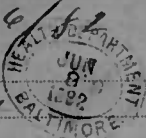
Address, 71 Burgundy City

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

June 2

Ramsey St 176

Susan Jane MacDonald

Susan Jane Dickerson

Accomac Va

Alexander Mac Donald

Drayman

New York City

Mr G Crofts

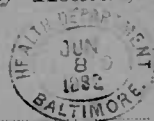
See also the maiden name of the mother of such child or children.

PRINTERS AND STATIONERS

RETURN OF A BIRTH

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Learn, its or their full name of the mother of such child or children.
of the parents, and the maiden name of the mother of such child or children.

Name - Clarence D. Strauss

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

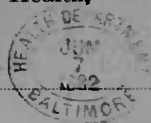
Remarks,

Male
White
June 2 1882
83 Sharp St.
Fanny Strauss.
Fanny Stern
Maryland
Joseph Strauss
Merchant
Germany
A. H. Decord M.D.

RETURN OF A BIRTH 15986

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.) 7

2. Sex, (state whether male or female) Boy

3. Race or Color, (if not of the white race) White

4. Date of Birth, 2 June 1882

5. Place of Birth, (Street and Number) Bago Caroline st No 39

6. Full Name of Mother, Mary Benick

7. Mother's Maiden Name, M. Shunick

8. Mother's Birthplace, Bohemia

9. Full Name of Father, Louis Benick

10. Father's Occupation, Shoemaker

11. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this return May Oropist

Address, 89 Washington st

Remarks, May Oropist

RETURN OF A BIRTH 55987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 7, 1892

4. Place of Birth, (Street and Number)

344 William St

5. Full Name of Mother,

Elizabeth Jordan

6. Mother's Maiden Name,

Elizabeth M. Lillie

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Richard H. Jordan

9. Father's Occupation,

Gas Meter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Theodore C. Cooks M.D.
140 N. Anne St

Address.

Remarks.

RETURN OF A BIRTH 55788

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race)

4. Date of Birth. June 2nd 1882

5. Place of Birth, (Street and Number) 214 Canton Ave

6. Full Name of Mother, Mary Shipley

7. Mother's Maiden Name, " Goettman

8. Mother's Birthplace, Germany

9. Full Name of Father, Michael Shipley

10. Father's Occupation, Merchant.

11. Father's Birthplace, City

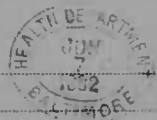
Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Jett

Address, 1120 Bank St

Remarks,

RETURN OF A BIRTH 55989

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 2nd 1882*

4. Place of Birth, (Street and Number) *410 N. Vaneer St*

5. Full Name of Mother, *Elizabeth Bell*

6. Mother's Maiden Name, *Elizabeth Carver*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *Frederick Bell*

9. Father's Occupation, *Car Inspector*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this return *Frederick Cook*

Address, *140 N. Vaneer St*

Remarks,

RETURN OF A BIRTH, 15990

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Mother, (state whether 1st, 2d, 3d, &c.)

2d

Whether male or female)

Male

or, (if not of the white race)

white race

th, (Street and Number)

Adelphi Cross St No 162

of Mother

Ella Bush

Men Name

Ella Bush

Place

Henderson Md

Father

John C Bush

Occupation

Shoe Maker

Place

Carlisle Co Md

Medical Attendant, or other Person who makes this Return.

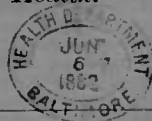
Elizabeth Hathorn

William St No 344

RETURN OF A BIRTH, 55991

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

2nd

4. Place of Birth, (Street and Number)

193 7 Church,

5. Full Name of Mother

Male Hill

6. Mother's Maiden Name

Reche

7. Mother's Birthplace

Balt.

8. Full Name of Father

J. F. Hill

9. Father's Occupation

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. M. Webster

Address

57 Bannock

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH, 55992

RETURN OF A BIRTH 5992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2nd

4. Place of Birth, (Street and Number) 119 Eastern ave.

5. Full Name of Mother, Catherine George

6. Mother's Maiden Name, Schick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Herman George

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sophie Simon

Address,

Remarks,

RETURN OF A BIRTH

EVER MADE ADDED 8-27-57

15993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Royal Eldridge Jones

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

White Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 2nd 1882

4. Place of Birth, (Street and Number)

Baltimore Parkin St. N. 85.

5. Full Name of Mother,

Marsella Jones.

6. Mother's Maiden Name,

Childs

7. Mother's Birthplace,

Howard Co.

8. Full Name of Father,

Reason Jones.

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Howard Co.

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address.

N. 58 Parkin St.

Remarks.



born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

55994

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth June 20 1882
4. Place of Birth (Street and Number) 254 Harford Ave
5. Full Name of Mother Elizabeth C. Decomb
6. Mother's Maiden Name Patrick
7. Mother's Birthplace Balt. Md. Virginia
8. Full Name of Father John H. C. Decomb
9. Father's Occupation Clerk
10. Father's Birthplace Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return M. B. Biltinger
- Address 256 E John st
- Remarks birth at about seven months

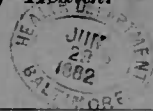
RETURN OF A BIRTH

55995

RETURN OF A BIRTH, 15995

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 3rd 1882

4. Place of Birth, (Street and Number) No 409 N. Lombard St

5. Full Name of Mother Lillian Miller

6. Mother's Maiden Name Lillian Hankla

7. Mother's Birthplace Balt -

8. Full Name of Father George Miller

9. Father's Occupation Laborer

10. Father's Birthplace Balt -

Name of Medical Attendant, or other Person who makes this return. Dr. J. H. Collegis

Address 152 E. Monument

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 15996

RETURN OF A BIRTH, 1892

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Born on the 3 of June 1892

4. Place of Birth, (Street and Number)

14 Calverton Road

5. Full Name of Mother

Hanna Volkert

6. Mother's Maiden Name

H. Linde

7. Mother's Birthplace

Born in Jackson, Germany

8. Full Name of Father

Ferdinand Volkert

9. Father's Occupation

Butcher

10. Father's Birthplace

Born in Dillenburg, Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Miller

Address

117 W. Pratt St.

Remarks

condition, whether still born or not, the full name, maiden name, and residence of the mother of such child or children.

RETURN OF A BIRTH 1892

RETURN OF A BIRTH

5997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 3, 1897

4. Place of Birth, (Street and Number)

182 Green St

5. Full Name of Mother,

Mary Rogers

6. Mother's Maiden Name,

Mary Markley

7. Mother's Birthplace,

St. Louis, Mo

8. Full Name of Father,

Ruggs Cook

9. Father's Occupation,

Cook

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

Theodore Cook, M.D.

Address,

140 Banner St

Remarks,

5998

RETURN OF A BIRTH, 5999

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY:



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

June 21 1892

4. Place of Birth, (Street and Number)

703 N Calvert St.

5. Full Name of Mother

Christina Kiser

6. Mother's Maiden Name

" Veltch

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John A. Kiser

9. Father's Occupation

Laborer & Farmer.

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Edmund P. M. Decker

Address

34 Calvert St.

Remarks

Don't forget, whether still-born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

RETURN OF A BIRTH *56000*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *6 June*

4. Place of Birth, (Street and Number) *159 Sterling street*

5. Full Name of Mother, *Elise Rydding*

6. Mother's Maiden Name, *Ruffe*

7. Mother's Birthplace, *Saxen Germany*

8. Full Name of Father, *Isis Rydding*

9. Father's Occupation, *cabinet maker*

10. Father's Birthplace, *Denmark*

Name of Medical Attendant,

or other Person who
makes this Return

Mrs Rosa Ulbig
48 Gallowand street

Address,

Baltimore

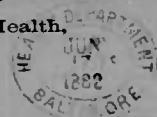
Remarks,

RETURN OF A BIRTH

56001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *13th June 1882*
4. Place of Birth, (Street and Number) *178 Central Ave.*
5. Full Name of Mother, *Ellen Block*
6. Mother's Maiden Name, *Fenn*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Phillip Block*

Father's Occupation,

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *or other Person who makes this Return* *Mrs. C. Bernstein*

Address, *1136 Lombard st*

Remarks,

RETURN OF A BIRTH *16002*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

June 3rd 1882

5. Place of Birth, (Street and Number)

Baltimore Ramsey St No 96

6. Full Name of Mother,

Emma Ferena

7. Mother's Maiden Name,

Williams

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Nickles Ferena

10. Father's Occupation,

Machinist

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. C. Mitchell

Address

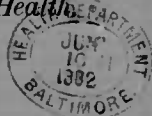
No 58 Parkin St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16003

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 3rd 1882

4. Place of Birth, (Street and Number) N^o 302 Light St

5. Full Name of Mother Wilhelmina Schlitzke

6. Mother's Maiden Name M^{rs} Dreher

7. Mother's Birthplace Germany

8. Full Name of Father Frank Schlitzke

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Hermann

Address N^o 18 Byrd St

Remarks

RETURN OF A BIRTH *56004*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *fourth of June 1882*
4. Place of Birth, (Street and Number) *to 79 Harrison street*
5. Full Name of Mother, *Florindena Stipinski*
6. Mother's Maiden Name, *Mrs Florindena Schlott*
7. Mother's Birthplace, *Danzig Germany*
8. Full Name of Father, *Herma Schlott*
9. Father's Occupation, *Locksmith*
10. Father's Birthplace, *Danzig Germany*
- Name of Medical Attendant, or other person who make this Return *Mr B. Keitz*
- Address, *28 N Frederick street*
- Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ¹⁶⁰⁰²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 4 June

4. Place of Birth, (Street and Number) 5 Second street

5. Full Name of Mother, Caroline Kröningberg

6. Mother's Maiden Name, " Goldmann

7. Mother's Birthplace, Poland

8. Full Name of Father, Julius Kröningberg

9. Father's Occupation, peddler

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Nellig

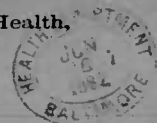
Address, 45 Holland st. Balt. Md.

Remarks,



RETURN OF A BIRTH ⁵⁶⁰⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether 1st, 2d, 3d, &c.) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 4th*
 4. Place of Birth, (Street and Number) *64 Schroder St.*
 5. Full Name of Mother, *Maggie Nellie Ruy Robinson*
 6. Mother's Maiden Name, *Robinson*
 7. Mother's Birthplace, *64 1/2th Schroder St.*
 8. Full Name of Father, *J. H. Ruy*
 9. Father's Occupation, *Shoe maker*
 10. Father's Birthplace, *New York City*
- Name of Medical Attendant, or other person who makes this Return *Mr. Dumbler # 60 Schud*
- Address, _____
- Remarks, _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH.

56007

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female
White

June 14: 82

244 Pierce

Sadie H. Phelps
Clark

Balto.
Jas. A. Phelps
Shoe-fitter

Ann Arundel Co Md
Thomas O'Pio M.D.
39 N. Carey St.

within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 56008

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 4 / 82

4. Place of Birth (Street and Number) 215 N Calhoun

5. Full Name of Mother Emma F. Dennis

6. Mother's Maiden Name " Fox

7. Mother's Birthplace Frederick City Md

8. Full Name of Father Louis E. Dennis

9. Father's Occupation Paper Hanger

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Thomas O'Leary M.D.

Address 39 St. Cary St

Remarks

RETURN OF A BIRTH, 16009

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*

1. Sex (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth *June 14th.*

4. Place of Birth, (Street and Number) *12 North Ann St.*

5. Full Name of Mother *Lurana Johnson.*

6. Mother's Maiden Name *Lurana Cook.*

7. Mother's Birthplace *Cambridge Dorchester Ct. Md.*

8. Full Name of Father *J. Philip Davis Plummer*

9. Father's Occupation *White Washers*

Father's Birthplace *Tobacco Sticks Dorchester Ct. Md.*

Name of Medical Attendant, or other Person who makes this Return. *James Campbell.*

Address *No 9, Plummer St near Cadon.*

Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56010

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 11
1. Sex (state whether Male or Female) ... Male
2. Race or Color (if not of the white race) ... White
3. Date of Birth ... June 4th
4. Place of Birth (Street and Number) ... No 127 South Street
5. Full Name of Mother ... Laura Virginia Taylor
6. Mother's Maiden Name ... Laura Virginia Miller
7. Mother's Birthplace ... Baltimore Md
8. Full Name of Father ... George Thomas Taylor
9. Father's Occupation ... Tin & Sheet Iron Worker
10. Father's Birthplace ... Baltimore
- Name of Medical Attendant, or other Person who makes this Return ... Mrs Khronin
- Address ... No 60 Barrish St
- Remarks

RETURN OF A BIRTH *56011*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 4, 1882*

4. Place of Birth, (Street and Number) *95 S. Washington St.*

5. Full Name of Mother, *Ann Josephine Bradley*

6. Mother's Maiden Name, *Ferrandini*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jack Bradley*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *A. H. Esich M.D.*

Address, *95 Stark Ave.*

Remarks,

born, its or their physical condition, whether stillborn or not, the full name of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56012

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 4th 1882

4. Place of Birth, (Street and Number)

No 268 Dallas st

5. Full Name of Mother

Anna Furse

6. Mother's Maiden Name

Anna Hollander

7. Mother's Birthplace

Baltm

8. Full Name of Father

Joseph Furse

9. Father's Occupation

Cigar maker

10. Father's Birthplace

Baltm

Name of Medical Attendant, or other Person who makes this Return.

Anna Hollander

Address

182 E Monument st

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH 56013

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth, 4 of June

4. Place of Birth, (Street and Number) Warner St 1092

5. Full Name of Mother, rebecca Reed

6. Mother's Maiden Name, gray

7. Mother's Birthplace, calvert Co

8. Full Name of Father, Robert Reed

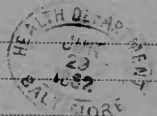
9. Father's Occupation, single

Father's Birthplace, calvert Co

Name of Medical Attendant, or other Person who makes this Return Dr. Wilson

Address, cross street 106

Remarks,



RETURN OF A BIRTH 56014

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

2. Sex, (state whether male or female)

Boy

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

4th June 1892

5. Place of Birth, (Street and Number)

Balte Bank St No 109

6. Full Name of Mother,

A. Schorah

7. Mother's Maiden Name,

Bohemia

8. Full Name of Father,

Frank Schorah

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Batavia

Name of Medical Attendant, or other Person who makes this Return

Mrs. P. P. P.

Address,

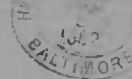
89 Washington St

Remarks,

Mrs. P. P. P.

RETURN OF A BIRTH *16015*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



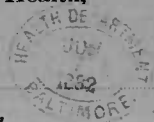
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *June 4 1882*
4. Place of Birth, (Street and Number) *42 ...*
5. Full Name of Mother, *Marcella Jackson*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Hammond County, Ind.*
8. Full Name of Father, *Leah Jackson*
9. Father's Occupation, *Saloon*
10. Father's Birthplace, *Hammond County, Ind.*
- Name of Medical Attendant, or other Person who makes this Return. *Henry ...*
- Address, *... St. Baltimore*
- Remarks,

born, its or their physical condition, whether still-born or not, the full name, address, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56016

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



See, in or their physical condition, whether or not, the child or children of the parents, and the maiden name of the mother of such child or children.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Kind*

2. Sex, (state whether male or female) *Mädchen*

3. Race or Color, (if not of the white race) *Weiß*

4. Date of Birth, *geboren den 5^{ten} June*

5. Place of Birth, (Street and Number) *N^o 188 Liventon Str*

6. Full Name of Mother, *Gurigante Schick*

7. Mother's Maiden Name, *Gurigante Romann*

8. Mother's Birthplace, *Deutschland*

9. Full Name of Father, *Friedrich Schick*

10. Father's Occupation, *Bierwirt*

11. Father's Birthplace, *Deutschland*

Name of Medical Attendant, or other Person who makes this Return *Friederike Raupmann*

Address, *N^o 202 S. Dallas Str*

Remarks, *Flamme*

C. DALRY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

1101

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16017

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth 5th June 1882

4. Place of Birth, (Street and Number) 167 S. Paca st

5. Full Name of Mother Emma Giles

6. Mother's Maiden Name Hall

7. Mother's Birthplace Balt.

8. Full Name of Father Walter D. Giles

9. Father's Occupation Agent

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster / 14, 8

Address _____

Remarks _____

RETURN OF A BIRTH

56018

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 5th

4. Place of Birth, (Street and Number)

78 E Lombard St.

5. Full Name of Mother.

Ella Kouzens

6. Mother's Maiden Name,

" Murray

7. Mother's Birthplace,

Balti

8. Full Name of Father,

William S. Kouzens

9. Father's Occupation,

Boiler Fitter

● Father's Birthplace:

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Alfred H. H. H. H. H.

Address,

11 S. H. St.

Remarks,

RETURN OF A BIRTH 16019

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, date, time, and place of birth, of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 27 1882

4. Place of Birth, (Street and Number) No. 224 Johnson St. Baltimore Md.

5. Full Name of Mother, Rosa Shuman

6. Mother's Maiden Name, Rosa Shultz.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Shultz.

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs. Nancy Nash

Address, 117 Johnson St. Baltimore Md.

Remarks, GIVEN NAME ADDED.

RETURN OF A BIRTH *1602a*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June the 5th*

4. Place of Birth, (Street and Number) *Penn ave No 13*

5. Full Name of Mother, *Anne Throth*

6. Mother's Maiden Name, *Anna Barnes*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jacob Throth*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Throth*

Address,

Remarks,

born, its or their physical condition, whether still-born or not, the full name, name, and address of the parents, and the maiden name of the mother of such child or children."

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth: Oct. 5, 82.
4. Place of Birth (Street and Number) 501 W. Bayview
5. Full Name of Mother Sarah G. Troner
6. Mother's Maiden Name Pittsburgh
7. Mother's Birthplace E. Shore Va.
8. Full Name of Father James H. Troner
9. Father's Occupation Carriage maker
10. Father's Birthplace E. Shore Va.
- Name of Medical Attendant, or other Person who makes this Return. L. W. Eashman
- Address 349 Lehigh
- Remarks _____

RETURN OF A BIRTH

56022

born, its or their physical condition, whether still-born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16022

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 5th 1882

4. Place of Birth, (Street and Number)

1425 High St.

5. Full Name of Mother,

Jane Trimpe

6. Mother's Maiden Name,

Jane Kilroe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John H. Trimpe

9. Father's Occupation,

Messenger

10. Father's Birthplace,

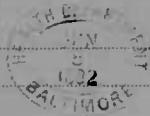
Baltimore

Name of Medical Attendant, or other Person who makes this Return

John H. Trimpe (Father)

Address,

Remarks,



RETURN OF A BIRTH ✓ 6023

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of this parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First
Male

Negro

June 5.

Milner Alley
Emma Ridgeway
do do

Balto

Bernard Webb
Tobacconist

A. M. Wilson

257 Madison Ave

RETURN OF A BIRTH.

56024

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or child

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

5th of June

4. Place of Birth (Street and Number)

426 Madison Avenue

5. Full Name of Mother

Gertrude W. Bealy

6. Mother's Maiden Name

Gertrude W. McKinzie

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

P. Brown Bealy

9. Father's Occupation

Pharmacist

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

W. H. H. M. D.

Address

No 582 Liberty St

Remarks

RETURN OF A BIRTH.

56025

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3d*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *5th June 1882*
 4. Place of Birth (Street and Number) *149 York St.*
 5. Full Name of Mother *Catherine Saunder*
 6. Mother's Maiden Name *Catherine Jones*
 7. Mother's Birthplace *Baltimore City Md.*
 8. Full Name of Father *William Saunder*
 9. Father's Occupation *Trains Carrier*
 10. Father's Birthplace *Fredericksburg Virginia*
 Name of Medical Attendant, or other Person who makes this Return. *J. D. Pifer* and
 Address *146 Hill St.*
 Remarks *Rachel Dorman Midwife*

L. D. B. 2. 5

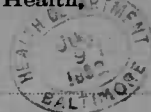
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56026*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 sixth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *5 of June*
4. Place of Birth, (Street and Number) *No 126 Little Green st*
5. Full Name of Mother, *Suseaner Conely*
6. Mother's Maiden Name, *cropper*
7. Mother's Birthplace, *cross st*
8. Full Name of Father, *Wm H Conely*
9. Father's Occupation, *can maker*
10. Father's Birthplace, *Baltimore st*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Kunigunda Schlifer*
- Address, *20 Columbia st.*
- Remarks,

L. G. DULANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. *56027*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, immediately within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name of the mother, and the name of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

56027

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

June 5th

4. Place of Birth (Street and Number)

309 Mulberry

5. Full Name of Mother

Helen

Decker

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Henry Becking

Patto

9. Father's Occupation

Cutter

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Morawitz

Address

Ind

Remarks

(L. F. Morawitz) 137 W. Fayette

RETURN OF A BIRTH 56028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Monday 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth,

4. Place of Birth, (Street and Number) Saratoga Street No 6 H

5. Full Name of Mother, Emily Lemley

6. Mother's Maiden Name, Emily Moore

7. Mother's Birthplace, Eastern Shore Maryland

8. Full Name of Father, Jimmie Lemley

9. Father's Occupation, whitewasher

10. Father's Birthplace, Dentonville

Name of Medical Attendant, or other Person who takes this Return, James Spaden

Address, No 60 Saratoga Street

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56029

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name *Margaret Anna Westcamp*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 5th*

4. Place of Birth, (Street and Number) *36 Albemarle St*

5. Full Name of Mother, *Margaret Anna Westcamp*

6. Mother's Maiden Name, *(Monrovia) Mc Philip*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Robert Westcamp*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *Sarah Cooper*

Address, *72 E Lombard St*

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1603a

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *June 5 - 1882*
4. Place of Birth, (Street and Number) *102 S. Central Ave.*
5. Full Name of Mother, *Lizzie Macdole*
6. Mother's Maiden Name, *Walt*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Geo. Mauler*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mary Stein*
- Address, *151 E. Pratt St.*
- Remarks, *Baltic. Md.*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Irish & X

3. Date of Birth,

June 5th

4. Place of Birth, (Street and Number)

54 McMechen Street, Eastview

5. Full Name of Mother,

Nannie S. Goherty

6. Mother's Maiden Name,

Nannie S. Brown

7. Mother's Birthplace,

King George Co. Va

8. Full Name of Father,

Wm J. Goherty

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Dr. Lane. Taunhill

Address,

129 Widdlest

Remarks,

RETURN OF A BIRTH

16032

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 5 1882
242 Canton Ave

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

Amelia Miller

6. Mother's Maiden Name,

Sampson

7. Mother's Birthplace,

Germany

8. Full Name of Father.

Louis Miller

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louis Knapp

Address,

236 Canton Ave

Remarks,

A. C. CITY FORM 1888 AND STATION 66

RETURN OF A BIRTH 16033

RETURN OF A BIRTH 16033

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *1 Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June the 5th 1892*

4. Place of Birth, (Street and Number) *No 47 Winchester St Bal*

5. Full Name of Mother, *Ansie St McQuell*

6. Mother's Maiden Name, *Annice St Belchner*

7. Mother's Birthplace, *Manchester Carroll county Md*

8. Full Name of Father, *George E McQuell*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Mrs S Kelley*

Address, *792 Pratt St Bal*

Remarks,

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 5th 1882

4. Place of Birth (Street and Number)

183. N. E. St. St.

5. Full Name of Mother

Sarah Wiley

6. Mother's Maiden Name

Sarah Digney

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

James Wiley

9. Father's Occupation

Iron moulder

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

G. C. Bohrer, M.D.

Address

86. E. Bay St.

Remarks

RETURN OF A BIRTH

RETURN OF A BIRTH 166

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Monday the June 5th 1882

4. Place of Birth, (Street and Number)

234 Constitution St.

5. Full Name of Mother,

Alice Warren

6. Mother's Maiden Name,

Alice Rinehanat.

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Wm Warren.

9. Father's Occupation,

N. C. R. R. Employ

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return

William Brintow, M.D.

Address,

28 1/2 Greenmont Ave

Remarks,

Very Presentation.



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH 56

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Monday the June 5th 1882

4. Place of Birth, (Street and Number) 234 Constitution St.

5. Full Name of Mother, Alice Warren

6. Mother's Maiden Name, Alice Rinehanat.

7. Mother's Birthplace, Ireland

8. Full Name of Father, Wm Warren.

9. Father's Occupation, N.C.R.R. Employ

10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return William Brintow M.D.

Address, 28 1/2 Greenmont Ave

Remarks, Vertly Presentation.



Missing

56036-56039, incl.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56040

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second child

1. Sex, (state whether male or female)

male child

2. Race or Color, (if not of the white race)

colored race

3. Date of Birth,

6 June 1882

4. Place of Birth, (Street and Number)

No 7 Parrish Alley

5. Full Name of Mother,

Annie M. W.

6. Mother's Maiden Name,

Annie Preston

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

J. C. W.

9. Father's Occupation,

Working man

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. G. Jones

Address,

1017 Somerset St

Remarks,

Baltimore City

rec Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56041

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

June 6th

4. Place of Birth (Street and Number)

106 Jasper St

5. Full Name of Mother

Annie Gilbert

6. Mother's Maiden Name

Ware

7. Mother's Birthplace

Culpepper Co Va

8. Full Name of Father

Isaac Ware Gilbert

9. Father's Occupation

Cook

10. Father's Birthplace

Harford Co.

Name of Medical Attendant, or other Person who makes this Return.

Sarah Duvall

Address

9 Jasper St.

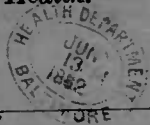
Remarks

RETURN OF A BIRTH, 56042

RETURN OF A BIRTH, 56042

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

2. Sex (state whether male or female)

Male

3. Race or Color, (if not of the white race)

white race

4. Date of Birth

June 10 1882

Place of Birth, (Street and Number)

Baltimore candle st No 29

5. Full Name of Mother

Heronend C. Allen

Mother's Maiden Name

Heronend C. Eversh

Mother's Birthplace

Baltimore

Full Name of Father

Fredrick Allen

Father's Occupation

labour

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Eliza C. Nathan

Address

William st No 29

Remarks

X

56043

09
HEALTH DEPARTMENT
JUN 15 1922
BALDWIN

No. of Child of Mother, (state when
Sex, (state whether male or ~~female~~),
or Color, (if not of the white race)
Birth, June
(Street and Number)
K

1. Sex, (state whether male or female)
Race or Color, (if not of the white race)
of Birth, (Street and Number)
Mother, Name, K

3. Date of Birth, (Street
4. Place of Birth, (Street
Full Name of Mother,
Maiden Name, Birthplace

4. Place of
5. Full Name of
6. Mother's Maiden
7. Mother's Birthplace,
- Full Name of Father,
- Occupation

6. Mother's Maiden
7. Mother's Birthplace
8. Full Name of Father,
9. Father's Occupation,
- Father's Birthplace
- of Medicine

8. Full Name of Father
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical
Address,

10. Father's Birthplace,
Name of Medical
Address,

Name,
Address,
Remarks,

Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

CORRECTION

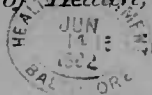
**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Record of Vital Statistics in the City of Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56043

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 6th/82

4. Place of Birth, (Street and Number)

164 Euclid Hill av

5. Full Name of Mother,

Katie Henry

6. Mother's Maiden Name,

Kate Madden

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

John K. Henry

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

W. B. Griffith M. D.

Address,

160 W. Madison St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16044

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 6, 1882
4. Place of Birth, (Street and Number) No. 5 Foster st.
5. Full Name of Mother, Susan Burney
6. Mother's Maiden Name, Webster
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Jacob W. Burney
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Augusta, Ga.
Name of Medical Attendant, or other Person who makes this Return O. Edw. Jannet, M.D.
Address, 212 N. Emdin St.
Remarks,



current Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex. (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

June 6th 1882

1 Trinity St

Lena Hartman

Berner

Germany
William G. Hartman

Plumber

Baltimore

A. Lepeschke M.D.

11 S. High St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and colour of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16046*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

West

3. Date of Birth,

Bankstreet No 244

4. Place of Birth, (Street and Number)

Mari Rother

5. Full Name of Mother.

" " Jones

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Heinrich Rother

8. Full Name of Father.

Kannmayer

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Bankstreet No 148

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Mausel

Remarks,



current Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56047

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Edward J. Fick



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 6

4. Place of Birth, (Street and Number)

Annastreet No 28

5. Full Name of Mother,

Elizabeth Fick

6. Mother's Maiden Name,

Fick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael F. Fick

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Bank Street No 173

Address,

Remarks,

Mrs. Fick

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5,*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June 6.*
4. Place of Birth, (Street and Number) *333 Hamburg street*
5. Full Name of Mother, *Elisabetha Fink*
6. Mother's Maiden Name, *Elisabetha Hoff*
7. Mother's Birthplace, *Hessen Darmstadt*
8. Full Name of Father, *George W. Fink*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Hessen Darmstadt*
- Name of Medical Attendant, or other Person who makes this Return *Prof. Victoria Weiss*
- Address, *1 Sandusky St*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female) ...

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 6th 1882

4. Place of Birth, (Street and Number)

No 354 Dayette St

5. Full Name of Mother,

Mary Jane Coleman

6. Mother's Maiden Name,

" " Holders City

7. Mother's Birthplace,

Dennis Coleman

8. Full Name of Father,

Potter

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Metz City
120 Bank str.

Address,

Remarks,



RETURN OF A BIRTH 1882

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16050

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

6th of June

4. Place of Birth, (Street and Number)

64. Forrest St.

5. Full Name of Mother,

Kathe Richter

6. Mother's Maiden Name,

Kathe Schuster

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Richter

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Germane

Name of Medical Attendant,

or other Person who makes this Return

Leah Ann Smith, M.D.

Address,

No. 12, N. Lombard St. S. M.

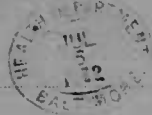
Remarks,

Current records of vital statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 56051

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 6, 1882

4. Place of Birth, (Street and Number)

215 S. Broadway

5. Full Name of Mother,

Sahrag Cooper

6. Mother's Maiden Name,

Tipton

7. Mother's Birthplace,

America

8. Full Name of Father,

Fredrick Cooper

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Luke T. Straff

Address,

236 Canton

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56052

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 6th 1892

4. Place of Birth, (Street and Number)

112 1/2 Baltimore Avenue

5. Full Name of Mother,

Rose A. Jones

6. Mother's Maiden Name,

Rose A. Brown

7. Mother's Birthplace,

Dorchester Co. Md

8. Full Name of Father,

W. A. Jones

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Dorchester Co. Md

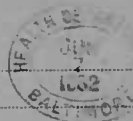
Name of Medical Attendant, or other Person who makes this Return

Phedora Cook, M.D.

Address,

146 Howard St

Remarks,

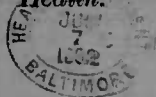


Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56053

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex (state whether male or female) Male
- Date of Birth June 6 1892
- Place of Birth, (Street and Number) 710 S. Charles St
- Full Name of Mother Mary E. Smith
- Mother's Maiden Name " " Jones
- Mother's Birthplace Balt.
- Full Name of Father John Smith
- Father's Occupation Printer
- Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. Edward J. Smith
- Address 54 W. 1st St
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *56054*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return.

Address, ..

Remarks, ..

7th
Female

White

June 6th

116 Hancock St.

Alie Wagner

Alie Myers

New York

H. L. Wagner

Restaurant

New York

J. G. Gustin

2 Cathedral St.

Copyright reserved by the State of Maryland. No part of this publication may be reproduced without permission of the State of Maryland.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

LG01N

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 6th 1882

4. Place of Birth, (Street and Number)

4 37 Forrest St

5. Full Name of Mother.

Lucy Hubbard

6. Mother's Maiden Name.

Lucy Hubbard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

4 37 Forrest St

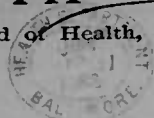
Remarks,



RETURN OF A BIRTH

56056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *6 of same*
 3. Date of Birth, *6 of June*
 4. Place of Birth, (Street and Number) *Baltimore Burgundoy Alley No 203*
 5. Full Name of Mother, *Sarah Ellen Leathe*
 6. Mother's Maiden Name, *Sarah Ellen Leathe*
 7. Mother's Birthplace, *Baltimore M.D.*
 8. Full Name of Father, *Thomas B. Leathe*
 9. Father's Occupation, *Engineer*
 10. Father's Birthplace, *Baltimore M.D.*
 Name of Medical Attendant, or other Person who makes this Return *Mr. W. Shaffer*
 Address, *114 South Redkey Street*
 Remarks, */*

Correct record of Vital Statistics in the City of Baltimore.

"That any physician, secouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16057

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child
Male
HEALTH DEPARTMENT
JUN 10 1882
BALTIMORE

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 6th 1882

4. Place of Birth, (Street and Number)

566 Hanover St.

5. Full Name of Mother,

Magdalena Wolf

6. Mother's Maiden Name,

Müller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Emil Wolf

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Schroeder midwife

Address,

330 Hanover St.

Remarks,

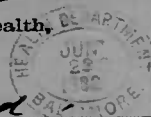
Corrected copy of the Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 6th 1882 -

4. Place of Birth, (Street and Number)

531 Hollin, ST,

5. Full Name of Mother,

Julia Donavin,

6. Mother's Maiden Name,

" Cassaway,

7. Mother's Birthplace,

Howard Co., Md.

8. Full Name of Father,

Timothy Donavin

9. Father's Occupation,

Carpenter,

10. Father's Birthplace,

Iowa -

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall, M.D.

Address.

152, Sharp, ST.

Remarks,

Return of Birth Statistics for the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16059

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 7, 1882

4. Place of Birth, (Street and Number)

147, Battery rd

5. Full Name of Mother,

Mary Beatty

6. Mother's Maiden Name,

Kearney

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Beatty

9. Father's Occupation,

Gray driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Krich

Address,

4338 J. Edgar St

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56060

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

July Smoother June 7
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

Race Color

3. Date of Birth

June 7 1882

4. Place of Birth (Street and Number)

20 Jordan alley

5. Full Name of Mother

Mrs. July Harris

6. Mother's Maiden Name

Mrs. July Smoother

7. Mother's Birthplace

Maryland

8. Full Name of Father

Mr. James Harris

9. Father's Occupation

Richmond

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Lucy Cornish 13 Jordan

Address

20 Jordan alley

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, standing distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56061*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 7th 1882

4. Place of Birth, (Street and Number)

No 4 N. Washington St

5. Full Name of Mother,

Annand McDonald

6. Mother's Maiden Name,

" Cooper

7. Mother's Birthplace,

City

8. Full Name of Father,

Wm. McDonnell.

9. Father's Occupation,

Cooper

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,



Baltimore Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th 1882

4. Place of Birth, (Street and Number) Queens Court No. 2

5. Full Name of Mother, Harriet Bailey

6. Mother's Maiden Name, Harriet Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Bailey

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary E. Anderson

Address, 1610 Elys Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16063

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th of June

4. Place of Birth, (Street and Number) 64 W. Broadway

5. Full Name of Mother, Carrie Lindall

6. Mother's Maiden Name, Carrie L. Hall

7. Mother's Birthplace, Balto.

8. Full Name of Father, Samuel M. Lindall

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, No 125 North Caroline

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56064

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth June 7, 1892
4. Place of Birth (Street and Number) No 231 Hughes St
5. Full Name of Mother Hester Stafford
6. Mother's Maiden Name Hester Lottan
7. Mother's Birthplace Dorchester, co. Cardigan, co
8. Full Name of Father Jeremiah Stafford
9. Father's Occupation Carpenter
10. Father's Birthplace Dorchester, co
- Name of Medical Attendant, or other Person who makes this Return. Jeremiah Wilson
- Address No 214 Hughes St
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1606A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *7th June 1882*
 4. Place of Birth (Street and Number) *205 Edmonson Avenue*
 5. Full Name of Mother *Charlotte B. B. Parsons*
 6. Mother's Maiden Name *Charlotte B. Boyd Bolton*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Edmund W. Parsons*
 9. Father's Occupation *Commission Business*
 10. Father's Birthplace *Pomona Co. Md.*
 Name of Medical Attendant, or other Person who makes this Return. *Wm. H. H. M. D.*
 Address *50 Read St.*
 Remarks



RETURN OF A BIRTH 56066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 7, 1882
 4. Place of Birth, (Street and Number) 572 Pennsylvania Avenue
 5. Full Name of Mother, Agnes Heil
 6. Mother's Maiden Name, Freed
 7. Mother's Birthplace, Baltimore City
 8. Full Name of Father, Louis Heil
 9. Father's Occupation, laborer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, Mary Brewer M.D. or other Person who makes this Return
 Address, 68 McCulloch St.
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 June 7. 1882

4. Place of Birth, (Street and Number) 572 Pennsylvania Avenue

5. Full Name of Mother, Agnes Heil

6. Mother's Maiden Name, Freed

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Lewis Heil

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Brewer M.D.

Address, 68 W. Calver St.

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56067

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 7 - 1882 - 6 P.M.

4. Place of Birth, (Street and Number)

161 N. Lombard Maternity Hspt.

5. Full Name of Mother,

H. Williams

6. Mother's Maiden Name,

H. Lewis

7. Mother's Birthplace,

King Geo Co Va

8. Full Name of Father,

Mythron

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

H. J. McIntosh Resident Phy

Address,

Maternity Hospital 161 N. Lombard St

Remarks,

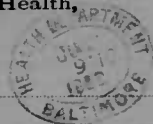
L. O. D. H. Forceps Lower Strait
Legitimate

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 7th 1892

4. Place of Birth, (Street and Number)

No 194 Randel St

5. Full Name of Mother,

Minnie Kersay

6. Mother's Maiden Name,

Minnie Rippfle

7. Mother's Birthplace,

Carroll Co Md

8. Full Name of Father,

John Kersay

9. Father's Occupation,

Saddler

10. Father's Birthplace,

New Jersey

Name of Medical Attendant, or other Person who makes this Return

E. Hinton

Address,

Potomac St House without No

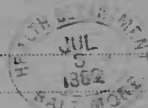
Remarks,

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56069

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 7 1892

4. Place of Birth, (Street and Number)

South Baltimore No. 129

5. Full Name of Mother,

Theresa Fattermeyer

6. Mother's Maiden Name,

Bussch

7. Mother's Birthplace,

Chenango

8. Full Name of Father,

Harriet Fattermeyer

9. Father's Occupation,

grocery

10. Father's Birthplace,

Chenango

Name of Medical Attendant, or other Person who makes this Return

Dr. J. B. Bussch

Address,

20 E. 1st St. No. 14

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56070

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Balto June 24 1882*
4. Place of Birth, (Street and Number) *1772 Trustadick Road*
5. Full Name of Mother, *Anna Deat*
6. Mother's Maiden Name, *Johnson*
7. Mother's Birthplace, *Lancaster Pennsd.*
8. Full Name of Father, *Henry Deat*
9. Father's Occupation, *Beer Brewer*
10. Father's Birthplace, *Prussia*
Name of Medical Attendant, or other Person who makes this Return *Anne Lindner*
Address, *1772 S. Monroe St*
Remarks, _____

RETURN OF A BIRTH 56071

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16071

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

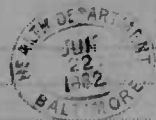
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female
White
June 7th 1882
144 Chew St
Elizabeth Streh
Silver
Baltimore
John Adam Streh
Tailor
Baltimore
F. W. Blount, M.D.
S. C. Bayless & Co. Streh



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56072

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex (state whether Male or Female)
- Race or Color (if not of the white race)
- Date of Birth
- Place of Birth (Street and Number)
- Full Name of Mother
- Mother's Maiden Name
- Mother's Birthplace
- Full Name of Father
- Father's Occupation
- Father's Birthplace

First child

Male
White

June 8, 1882

No. 105 E. Pratt St

Mrs. Alma Harris
Alma Peacock
Baltimore

Mr. James Harris
Salesman
Baltimore

W. J. D. Fiske, 337 E. Pratt St

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56073

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Balte June 8th 1882

4. Place of Birth, (Street and Number).

10 S. 30 W. Pratt St.

5. Full Name of Mother,

Lenna Bayar

6. Mother's Maiden Name,

" " Jan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Bayar

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Anna Lindner

Address,

1475 S. Monroe St

Remarks,

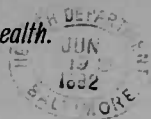
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56074

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 8th 1882
4. Place of Birth (Street and Number) 160 Hartford ave
5. Full Name of Mother Mary Basson
6. Mother's Maiden Name Mary Delaney
7. Mother's Birthplace Baltimore
8. Full Name of Father James W Basson
9. Father's Occupation upholsterer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. F. Humphreys
- Address 55 No Green St
- Remarks

That any Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56075

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Calhoun at Court st 5th
Jan 18 1892

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

Marriage Matthews
Carmichael

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Shollister proctor and wife

Name of Medical Attendant, or other Person who makes this return.

Address,

10 10 Carlton st

Remarks,

6076

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16076

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, June 5th 87

4. Place of Birth, (Street and Number) 77 Division St.

5. Full Name of Mother, Mary A. Cammels

6. Mother's Maiden Name, Mary A. Kelly

7. Mother's Birthplace, Mid

8. Full Name of Father, Olin Cammels

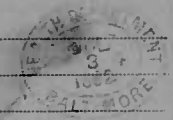
9. Father's Occupation, Driver

10. Father's Birthplace, Mid

Name of Medical Attendant, H. H. H. H. H. or other Person who makes this Return

Address, 87 Division St.

Remarks, _____



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56077

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

7th Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Balto June 8th 1907

4. Place of Birth, (Street and Number)

1908 Treadwell road.

5. Full Name of Mother,

Emma Kunk,

6. Mother's Maiden Name,

" " Macken.

7. Mother's Birthplace,

Balto County.

8. Full Name of Father,

Geob. Kunk.

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto County.

Name of Medical Attendant, or other Person who makes this Return

Anna Lindgren

Address,

1245 S. Monroe St.

Remarks,

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56078

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *8 of June*
4. Place of Birth, (Street and Number) *No 50 Pine street.*
5. Full Name of Mother, *Mary W. Adams.*
6. Mother's Maiden Name, *Mary Price*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Owen Mc Adams.*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Ireland.*
- Name of Medical Attendant, or other Person who makes this Return, *Mary L. Swaney*
- Address, *59 Myones St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56079

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 8th of June

4. Place of Birth, (Street and Number) Balt. City 107 West St.

5. Full Name of Mother, Lizzie Wsinger

6. Mother's Maiden Name, Lizzie Frechlich

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles J. Wsinger

9. Father's Occupation, Wehrigko

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Rodf. M. Wsinger

Address, 1, [unclear]

Remarks, [unclear]

RETURN OF A BIRTH *1608a*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 8th

4. Place of Birth, (Street and Number)

172 Wolf St.

5. Full Name of Mother,

Helena Schweitzer

6. Mother's Maiden Name,

" Rosen

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Gustav Schweitzer

9. Father's Occupation,

Store

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sophia Simon

Address,

No 70 Granby St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

56087

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 24 1882

4. Place of Birth, (Street and Number) 431 Second St.

5. Full Name of Mother Mary Pearl

6. Mother's Maiden Name Waters

7. Mother's Birthplace England

8. Full Name of Father James Pearl

9. Father's Occupation Carriage Driver

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. James Pearl

Address 604 Second St.

Remarks _____

RETURN OF A BIRTH

56082

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16082

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 8th 1882.

4. Place of Birth, (Street and Number) No 17 Wharton St

5. Full Name of Mother Mary Carey

6. Mother's Maiden Name Mary Campbell

7. Mother's Birthplace Ireland

8. Full Name of Father Michael Carey

9. Father's Occupation Laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. H. Carroll

Address No 1410 N. Ave.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16083

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, etc.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

June, 8th / 882

4. Place of Birth, (Street and Number)

22 Market Space

5. Full Name of Mother,

Edith Lake

6. Mother's Maiden Name,

Rane

7. Mother's Birthplace,

Washington

8. Full Name of Father,

William Lake

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

A. Reppshenizer M.D.
11. N. High St.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 9th

4. Place of Birth, (Street and Number)

105. Lee St.

5. Full Name of Mother,

Louise Gray

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

City

8. Full Name of Father,

John Bedford

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Alfred M. Belt, M.D.
J.W. Croft, & Sharp St.

Address,

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 9th 1882

4. Place of Birth (Street and Number)

Baltimore Hill St. No. 53

5. Full Name of Mother

Kate Kelly

6. Mother's Maiden Name

" Barrett

7. Mother's Birthplace

Ireland

8. Full Name of Father

Pat. Kelly

9. Father's Occupation

ship Carpenter

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Scarborough

Address

220 Montgomery St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 9 of June

4. Place of Birth, (Street and Number)

227 Hudson street.

5. Full Name of Mother,

Biddy Katoanis.

6. Mother's Maiden Name,

Biddy Brady.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Katoanis.

9. Father's Occupation,

Car. Maker.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mary L. Swany

Address,

57 Luzerne street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

16287

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 9th 1882

4. Place of Birth, (Street and Number)

No 138 Greenmount Ave

5. Full Name of Mother

Lizzie Plump

6. Mother's Maiden Name

Lizzie Miller

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Plump

9. Father's Occupation

Cyster Packer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. H. Hager

Address

182 E Monmouth St

Remarks

Return of a Birth

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

June 9th 1882

No 10 Point Lane

Emma Burgan

Emma Banks

Baltimore

Wm H. Burgan

Pauling Dealer

Baltimore

Silas H. Hunter M.D.

26 Greenmount Ave.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

16089

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 22 1882

4. Place of Birth, (Street and Number) No 14 Lomb St

5. Full Name of Mother Julia Heese

6. Mother's Maiden Name Julia Heese

7. Mother's Birthplace Germany

8. Full Name of Father Charles Heese

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lena Heese

Address 182 Lomb St

Remarks

Return of a Birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *June 9th 1882*
 4. Place of Birth (Street and Number) *13th Carrollton Ave*
 5. Full Name of Mother *Maggie Fager*
 6. Mother's Maiden Name *Maggie Fatigue*
 7. Mother's Birthplace *Baltimore, Md*
 8. Full Name of Father *Joseph Fager*
 9. Father's Occupation *Mechanic*
 10. Father's Birthplace *Baltimore, Md*
 Name of Medical Attendant, or other Person who makes this Return. *J. P. Finner M.D.*
 Address *41 W. Camden St*
 Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16091

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 9th 1882

4. Place of Birth, (Street and Number)

Cor Hayette & Chester sts

5. Full Name of Mother,

Elizabeth Peters

6. Mother's Maiden Name,

" Fehle

7. Mother's Birthplace,

Prize

8. Full Name of Father,

Ernst Peters
Blacksmith

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Mrs Elizabeth Petz

Address,

120 Bank st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 9th 1882.*

4. Place of Birth, (Street and Number) *46 - Chester St. just to Pimlico*

5. Full Name of Mother, *Rachel Hardy*

6. Mother's Maiden Name, *Rachel Gaunt.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Randolph Hardy*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *1618 50th St. S. Bull*

Remarks, *All well.*

Central av. Monument St.

"That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16092

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 9th. 1882.
 4. Place of Birth, (Street and Number) 10- Chester St. next to Oliver St.
 5. Full Name of Mother, Rachel Hardy
 6. Mother's Maiden Name, Rachel Gaunt.
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Randolph Hardy
 9. Father's Occupation, Engineer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this return, H. A. Bull
 Address, 10185 D.E. cor Central av. Y Monument St.
 Remarks, All Well.

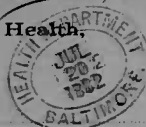
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

8th

Female

1

June 9th 1902

2 St Peter

Sarah J Waidman

in a home

Ohio

Charles Waidman

Carpenter

City

Dr. S. J. Baker

168 S. Peacock

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16094

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 9th 1882

4. Place of Birth, (Street and Number)

No 3 N. Washington str

5. Full Name of Mother,

Mary Cosen

6. Mother's Maiden Name,

" Gauf

7. Mother's Birthplace,

City

8. Full Name of Father,

James Cosen

9. Father's Occupation,

Potter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betsy

Address,

120 Bank str

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9 June

4. Place of Birth, (Street and Number) 38 Euter street

5. Full Name of Mother, Susan M. Bosick

6. Mother's Maiden Name, Birch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Constance M. Bosick

9. Father's Occupation, Stone cutter

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Albry
48 Holland St.



"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56096

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male



2. Race or Color, (if not of the white race)

3. Date of Birth,

June 9th 1892

4. Place of Birth, (Street and Number)

246 Bathrow av
Hermine Patchlor

5. Full Name of Mother,

Kunze

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

John Patchlor

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who make this return

J. J. Janssner midwife
330 Hanover st

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁶⁰⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9 June

4. Place of Birth, (Street and Number) 3 Fayette street

5. Full Name of Mother, Ann Sumner

6. Mother's Maiden Name, Asherman

7. Mother's Birthplace, Brunswick

8. Full Name of Father, Harry Sumner

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs Rose Allig
or other Person who makes this Return

Address, 48 Holland st

Remarks, Bult.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16098

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: *Elizabeth Catherine Born*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*



1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *9th June 1882*
 4. Place of Birth, (Street and Number) *104 N. Fremont*
 5. Full Name of Mother, *Eleanor Born*
 6. Mother's Maiden Name, *" Schmitt*
 7. Mother's Birthplace, *Pölle (Germany)*
 8. Full Name of Father, *John Born*
 9. Father's Occupation, *Liquor Dealer*
 10. Father's Birthplace, *Esselshausen (Germany)*
- Name of Medical Attendant, or other Person who makes this Return *Dr. H. H. H. H. H. H.*
- Address, *120 Pearl St. Baltimore*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 5549

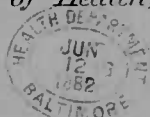
RETURN OF A BIRTH

16099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Mary Olive Cronhardt



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 9th 82

4. Place of Birth, (Street and Number)

No 35 Albemarle St.

5. Full Name of Mother,

Francis Cronhardt

6. Mother's Maiden Name,

Francis Aplin

7. Mother's Birthplace,

Indiana

8. Full Name of Father,

Fred. Cronhardt

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore City,

Name of Medical Attendant, or other Person who makes this Return.

Mrs Eliza Fiddemund

Address,

95 Albemarle St.

Remarks,

(City)

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56100*

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED *521/52* **BALTIMORE CITY**

George Kreh Yost
No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

4. Place of Birth, (Street and Number) ...

5. Full Name of Mother, ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First
Male

White
June 4th 1892

491 W. Lexington St.

Mary E. Yost

Mary E. Kreh

Frederick City, Ind. Co. Md.

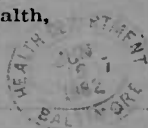
George Yost

Machinist

Baltimore City, Md.

Mrs. C. Yost

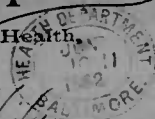
66 Chandler St.



RETURN OF A BIRTH

56101

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st White Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 9th 1892

4. Place of Birth, (Street and Number)

224 Hamburg St

5. Full Name of Mother,

Mary E. McElherry

6. Mother's Maiden Name,

Langlois

7. Mother's Birthplace,

America

8. Full Name of Father,

George E. McElherry

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwager midwife

Address.

330 Loanoor St.

Remarks.

* That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56102

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 10

4. Place of Birth, (Street and Number)

24 Albemarle St

5. Full Name of Mother,

Margaret McNeil

6. Mother's Maiden Name,

Curley

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick McNeil

9. Father's Occupation,

Leaf Tobacco Packer

10. Father's Birthplace,

Ireland

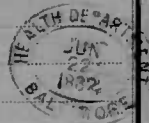
Name of Medical Attendant, or other Person who
makes this Return

Samuel Carpenter

Address,

77 E Lombard

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56103

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4 child

- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, June 10th 1892
- Place of Birth, (Street and Number) Lane 107 1892 Green's Court No 8
- Full Name of Mother, Theresay Hill
- Mother's Maiden Name, Theresay Dimeg
- Mother's Birthplace, Baltimore
- Full Name of Father, John Hill
- Father's Occupation, glass blower
- Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Anderson

Address, No 10 24th Street

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

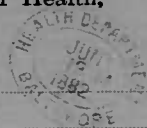
56104,
7th
Female
White
June 10th 1882
Woodyear St No 28
Mary J. Scheerer
Mary J. Keiser
Baltimore
John P. Scheerer
Cigar maker
Baltimore
L. S. Phanow No. 42
N. Stricker St No. 427

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56105

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, June 10 1882
- Place of Birth, (Street and Number) No 694 Light St
- Full Name of Mother, Julia Frank
- Mother's Maiden Name, Julia Wright
- Mother's Birthplace, Germany
- Full Name of Father, George Frank
- Father's Occupation, Boot & shoe maker
- Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return E. Hinton
- Address, Patapsco St
- Remarks,

RETURN OF A BIRTH

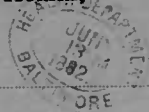
56106

or
child,
an
nce

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16106

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

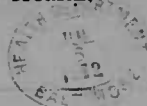


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 10 1882
 4. Place of Birth, (Street and Number) No 654 Charles Street
 5. Full Name of Mother, Ella Countess
 6. Mother's Maiden Name, Ella McDonald
 7. Mother's Birthplace, New York City, N.Y.
 8. Full Name of Father, Joseph Countess
 9. Father's Occupation, Engineer B & O R.R.
 10. Father's Birthplace, Baltimore City Md
 Name of Medical Attendant, C. Gbinton
or other Person who makes this Return
 Address, Patapoco street
 Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 10th 1882

4. Place of Birth, (Street and Number)

215 Canton Ave

5. Full Name of Mother.

Mary Hildebrandt

6. Mother's Maiden Name,

Sam

7. Mother's Birthplace,

Balto

8. Full Name of Father.

Karl Hildebrandt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Lynn Kraft

Address,

235 Canton Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56108

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

June 10. 1882

4. Place of Birth (Street and Number)

92 Chestnut St.

5. Full Name of Mother

Mary E. Smith

6. Mother's Maiden Name

7. Mother's Birthplace

Maryland

8. Full Name of Father

Benj Johnson
Porter

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. W. Chambers

Address

133 N Exeter St

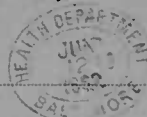
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁶¹⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 10, 1898*
4. Place of Birth, (Street and Number) *Eastern Av. 1798*
5. Full Name of Mother, *Matharine Schlimm*
6. Mother's Maiden Name, *Matharine Schlimm*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Philipp Trepp*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, *Nary E. Miller*
or other Person who makes this Return

Address, *12 Dallas St. No. 26*

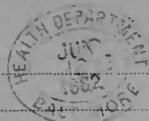
Remarks, _____

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56110

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 1st, 1882*
4. Place of Birth, (Street and Number) *Hibernia St., No. 149.*
5. Full Name of Mother, *Louisa Hilgemann*
6. Mother's Maiden Name, *Louisa Ball*
7. Mother's Birthplace, *Neuhausen, Germany*
8. Full Name of Father, *Wilhelm Hilgemann*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Neuhausen, Germany*

Name of Medical Attendant, or other Person who makes this return *Harry E. Hiller*

Address, *N. Dallas St., No. 26.*

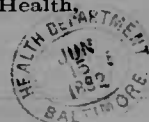
Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Fifth

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

June 10th 1892

4. Place of Birth, (Street and Number)

Alciana Street 2nd door from Race St

5. Full Name of Mother,

Mrs Jennie Thomas

6. Mother's Maiden Name,

Mrs Jennie Meade

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Thomas

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Rachel A. Garrett

Address,

No 65 Burke St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56112

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10. 1882

4. Place of Birth, (Street and Number)

65 Cathedral Street

5. Full Name of Mother,

Susan C. Kilward

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Mass. City

8. Full Name of Father,

Henry Kilward

9. Father's Occupation,

Printer

10. Father's Birthplace,

Annapolis Md

Name of Medical Attendant, or other Person who makes this Return

Marbury Brown M.D.

Address,

64 McCall St.

Remarks,



X That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Full child*
1. Sex, (state whether male or female) *Female child*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *12 June 1882*
4. Place of Birth, (Street and Number) *1215 Water St Baltimore*
5. Full Name of Mother, *Estelle Buckman*
6. Mother's Maiden Name, *Baltimore City*
7. Mother's Birthplace, *West Indies*
8. Full Name of Father, *William*
9. Father's Occupation, *Chamberlain*
10. Father's Birthplace, *Chesster town*
Name of Medical Attendant, or other Person who makes this Return, *Mary R. Jones*
Address, *17 Water St Baltimore*
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56114

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

June 10 1882

3. Date of Birth,

189 Seattle

4. Place of Birth, (Street and Number)

Annie Wolf

5. Full Name of Mother,

in Crouse

6. Mother's Maiden Name,

City

7. Mother's Birthplace,

June 10 1882

8. Full Name of Father,

Clark

9. Father's Occupation,

Restoration
168 S. P. 1882

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

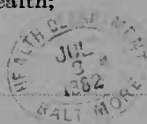
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56115

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

X

3. Date of Birth,

10 of June 1882.

4. Place of Birth, (Street and Number)

172 Henrietta St.

5. Full Name of Mother,

Margaretta Kasse

6. Mother's Maiden Name,

L. W. Kasse

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

John Kasse

9. Father's Occupation,

Produce store.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this return

Rodrigue Mung

Address,

1 Sunday Hill St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 10th - 1882

4. Place of Birth, (Street and Number) No 17 Cook St

5. Full Name of Mother, Mary Munshaw

6. Mother's Maiden Name, " Gilbrin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Rudolph Munshaw

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Elizabeth Schmitt

or other Person who
makes this Return

Address, No 528 Penn Ave.

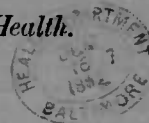
Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56117

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) Female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth Born on the 20th of June 1882
 4. Place of Birth, (Street and Number) 1 Calverton Road
 5. Full Name of Mother Dora Schlutter
 6. Mother's Maiden Name D. Behm
 7. Mother's Birthplace Born in Prussia, Germany
 8. Full Name of Father Christian Schlutter
 9. Father's Occupation Yster Maker
 10. Father's Birthplace Born in Prussia, Germany
- Name of Medical Attendant, or other Person who makes this Return Miss Miller
- Address 1017 W. Pratt St.
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10th 1882

4. Place of Birth, (Street and Number)

68. N. Chester St

5. Full Name of Mother

Jane Thompson

6. Mother's Maiden Name,

Lyon

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Thompson

9. Father's Occupation,

Freight Receiver

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

J. W. Blount M.D.

Address,

500 E. Gay St. Baltimore

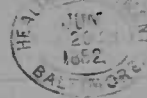
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56119

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
Schmidt

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 16 '82

4. Place of Birth, (Street and Number)

637 E Monument St
Mary Lane Wheeler
& Thompson

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm S Wheeler

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

May A. Milweli

Address, 286 E. Lexington St.

Remarks,

RETURN OF A BIRTH

56120

or
child,
when
ance

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

June 10th 1882

4. Place of Birth, (Street and Number)

316 N. Gilmore

5. Full Name of Mother.

Mary E. Cutino

6. Mother's Maiden Name.

Harrison

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

G. J. Cutino

9. Father's Occupation.

Grocer

10. Father's Birthplace.

Italy

Name of Medical Attendant, or other Person who makes this Return

J. M. Christian M.D.

Address,

431 Penna. Ave.

Remarks.

RETURN OF A BIRTH

56121

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Boy
White

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th June 1882

4. Place of Birth, (Street and Number)

Batte Castle St No

5. Full Name of Mother,

Latta Lukin

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Lukin

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

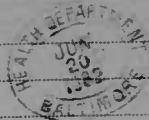
Mar. Kaptisch

Address,

09 Washington St Balto Mar

Remarks,

Mar. Kaptisch



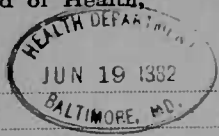
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10th 82

4. Place of Birth, (Street and Number)

110 S. Euter St.

5. Full Name of Mother,

Angeloth Schneider

6. Mother's Maiden Name,

Hambach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Schneider

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this return

Mary H. H. H.

Address,

33 S. Euter St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56123

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 10th 1892*
4. Place of Birth (Street and Number) *185 Carey St.*
5. Full Name of Mother *Ellen L. Ellis*
6. Mother's Maiden Name *Ellen L. Leigh*
7. Mother's Birthplace *Philadelphia*
8. Full Name of Father *Thos. Ellis Jr.*
9. Father's Occupation *Merchant.*
10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Silas Baldwin
142 Trunser St.
Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56124

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 11/82

4. Place of Birth (Street and Number)

520 Lux. St.

5. Full Name of Mother

Mary A. Burnett

6. Mother's Maiden Name

Lusby

7. Mother's Birthplace

Balt. Co. Md

8. Full Name of Father

Sam'l R. Burnett

9. Father's Occupation

Grain Merchant

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address

39 N. Carey St.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56120

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2nd, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 12th - 1882.*
4. Place of Birth, (Street and Number) **16. Ridgely St.*
5. Full Name of Mother, *Pauline Leuther.*
6. Mother's Maiden Name, *Pauline Peter.*
7. Mother's Birthplace, *Baltimore City.*
8. Full Name of Father, *Henry Leuther.*
9. Father's Occupation, *Hardware Merchant.*
10. Father's Birthplace, *Baltimore City.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Minck*
- Address, *1. Leadenhall St.*
- Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁶¹²⁶

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Negro

3. Date of Birth,

June 11, 1882.

4. Place of Birth, (Street and Number)

No. 20 Morris Alley.

5. Full Name of Mother,

Letitia Thomas.

6. Mother's Maiden Name,

Davidge

7. Mother's Birthplace,

Ann Arundel Co. Md.

8. Full Name of Father,

Frank Thomas

9. Father's Occupation,

Coachman.

10. Father's Birthplace,

ecil Co. Md.

Name of Medical Attendant, or other Person who makes this return

O. Edw. Jannay

Address,

243 W. Eutaw St.

Remarks,

56127

HEALTH DEPARTMENT
JUN 13 1962
ALBANY, N.Y.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- Name of Medical Attendant, or other Person who make this Return *C. Houston*
Address *Palapoco Street*
Remarks

RETURN OF A BIRTH *16128*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

~~10th June~~ *11th June*

4. Place of Birth, (Street and Number)

Ostons street (between Edouelle & Elliott sts)

5. Full Name of Mother,

Catherine Tully

6. Mother's Maiden Name,

Catherine Giffons

7. Mother's Birthplace,

Coscommen Ireland

8. Full Name of Father,

Borthy Tully,

9. Father's Occupation,

Iron Worker

10. Father's Birthplace,

County Mayo Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Tully Gullens

Address,

104 Gully street corner

Remarks,

Any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56129

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
 1. Sex (state whether male or female) Female
 2. Race or Color, (if not of the white race) Caucasian
 3. Date of Birth 11 of June
 4. Place of Birth, (Street and Number) 261 McDowell st
 5. Full Name of Mother Mary Reginald
 6. Mother's Maiden Name Mary Joshua Dennis
 7. Mother's Birthplace Baltimore
 8. Full Name of Father ~~Joshua~~ Joshua Joshua Dennis
 9. Father's Occupation Cochman
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Midwife Harriet Britton
 Address No 28 W Bethel st
 Remarks

RETURN OF A BIRTH 56130

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Three Children.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 11 day of June 1882

4. Place of Birth, (Street and Number)

No 377, Eastern Av. Balt.

5. Full Name of Mother,

Mrs Henry G. Kengel

6. Mother's Maiden Name,

Mary Huth

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry G. Kengel

9. Father's Occupation,

Press Printer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Hiley

Address,

No 12, Patterson Park, A.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

✓ 6121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9.

1. Sex, (state whether male or female)

Female
White.

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 11.

4. Place of Birth, (Street and Number)

Hull St. No. 8

5. Full Name of Mother,

M. C. Gorman

6. Mother's Maiden Name,

M. C. Taylor

7. Mother's Birthplace,

Harford Co.

8. Full Name of Father,

W. J. Gorman

9. Father's Occupation,

Carpenter.

10. Father's Birthplace,

Harford Co.

Name of Medical Attendant, or other Person who makes this return

Mrs. Ettel

Address,

N 12 Cuba St.

Remarks,

any physician, ecchidectur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56152

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 11 1882
 4. Place of Birth, (Street and Number) 380 Bank St
 5. Full Name of Mother, Agnes Malbas
 6. Mother's Maiden Name, Sullivan
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Hart J. Malbas
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return, Mass E. Long
 Address, 193 Chester
 Remarks, Healthy

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

✓ 6135

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

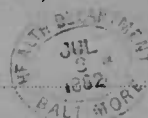


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *B*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11 June 1882*
4. Place of Birth, (Street and Number) *257 Bank*
5. Full Name of Mother, *Eliza Stanley*
6. Mother's Maiden Name, *King*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wm Stanley*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Ireland*
Name of Medical Attendant, or other Person who makes this Return *J. M. E. Gray*
Address, *193 Chelton*
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56134

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16th of June

4. Place of Birth, (Street and Number) 99 Leaden hall st Baltimore

5. Full Name of Mother, Louisa Anna Garck

6. Mother's Maiden Name, " " Burger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Garck

9. Father's Occupation, Laborer

10. Father's Birthplace, Bremervroede, Prov. Hannover, Germani

Name of Medical Attendant, or other Person who makes this Return

Address, Baltimore Maryland

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

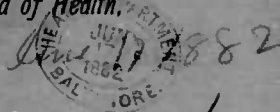
* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5613A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

July 11

of Girl

4. Place of Birth (Street and Number)

40 10 of Wink

street Bal

5. Full Name of Mother

Maria Graham

6. Mother's Maiden Name

Thomas

7. Mother's Birthplace

va

8. Full Name of Father

Henry Graham

9. Father's Occupation

laborer

10. Father's Birthplace

It may be said

Name of Medical Attendant, or other Person who makes this Return.

May S. Dennis

Address

40 21 Beach St

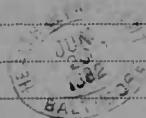
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56136

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 11th June 1892
 4. Place of Birth, (Street and Number) Balt. 2600 2d St No 39
 5. Full Name of Mother, M. Shuller
 6. Mother's Maiden Name, M. Bulerick
 7. Mother's Birthplace, Bohemia
 8. Full Name of Father, J. Shuller
 9. Father's Occupation, Taylor
 10. Father's Birthplace, Bohemia
 Name of Medical Attendant, or other Person who makes this Return Mrs. O'Brien
 Address, 39 Washington St
 Remarks, Mrs. O'Brien



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56137

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th June 1872

4. Place of Birth, (Street and Number) Balta Chow st No

5. Full Name of Mother, A. Selinka

6. Mother's Maiden Name, Anna Josephick

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jamnik Selinka

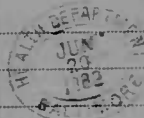
9. Father's Occupation, Taylor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Baptist

Address, 69 Washington st

Remarks, Mary Baptist



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16138

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy White

2. Race or Color, (if not of the white race)

3. Date of Birth, 11 June 1882

4. Place of Birth, (Street and Number) Balto Md Duncan st No 30

5. Full Name of Mother, Caroline Olinna

6. Mother's Maiden Name, C. Skimaneh

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Olinna

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this return Mary O'Rapitist

Address, 69 Massachusetts st

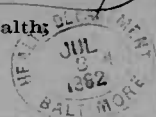
Remarks, Mary O'Rapitist

a That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56139

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

the 11 day of June 1882
No. 234, Montague St.
Katharine Magarino, Sister. Bartels
Katharine Magarino Sister.
Germany
Henry Anton Carl Bartels
Cabinet Maker.
Germany
Prof. Dr. W. W. W. W.
1. Sunday Hill St.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within 42 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 56140

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth June 11th 1892

4. Place of Birth (Street and Number) 186 Harford str

5. Full Name of Mother Mary M. Laid

6. Mother's Maiden Name Belcher

7. Mother's Birthplace Baltimore

8. Full Name of Father William M. Laid

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Henderson

Address

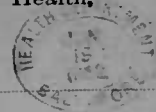
High St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th 1882

4. Place of Birth, (Street and Number) Baltimore Walker St. No. 30

5. Full Name of Mother, Elizabeth McKeith

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Isaac McKeith

9. Father's Occupation, Finisher

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, Mrs. C. Skitchell

or other Person who makes this return

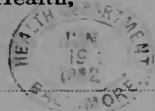
Address, No. 58 Parkin St

Remarks.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56142

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 11th 1882

4. Place of Birth, (Street and Number)

Baltimore Scott St. No. 124

5. Full Name of Mother,

Emily White

6. Mother's Maiden Name,

Ann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank White

9. Father's Occupation,

Black Smith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mrs. C. Mitchell

Address

No. 58 Parkers St.

Remarks

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56143

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, dec.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *12th June*

4. Place of Birth, (Street and Number) *142 Franklin St.*

5. Full Name of Mother, *Hannah Shaper*

6. Mother's Maiden Name, *Hannah Stone*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Isaac C. Shaper*

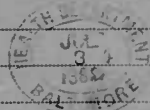
9. Father's Occupation, *Painter*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who
makes this Return *J. H. Miller M.D.*

Address, *89 N. Greene St.*

Remarks, _____

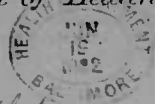


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56144

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth child

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 12 of June

4. Place of Birth, (Street and Number) 50 Mulberry

5. Full Name of Mother, Lizzie Powell

6. Mother's Maiden Name, Lizzie Richardson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edick Powell

9. Father's Occupation, Horseless

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Fela Sadler

Address, 57 Long Street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56145

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First Child

Male

White

June 12/82

96 Clinton St.

Ann Fruland

" Williams

Bald.

W. F. Fruland

Clerk

Bald.

R. W. Mansfield M. D.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56146

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female* (1) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *12. Jun. 1882*
4. Place of Birth (Street and Number) *Durham St. near Eager*
5. Full Name of Mother *Lizier Ellis*
6. Mother's Maiden Name *Lizier Freeman*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Ellis*
9. Father's Occupation *Brickmaker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Catharine D. Coursey*
- Address *Born Monday night 12. 1st*
- Remarks

Catharine D. Coursey

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56147

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 12th

4. Place of Birth, (Street and Number)

128 Pearl St

5. Full Name of Mother,

Elizabeth Burgess

6. Mother's Maiden Name,

Elizabeth Richardson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Isaiah Burgess

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who make this Return

Dr. J. M. M. M.

Address,

2 Cathedral St.

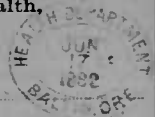
Remarks,

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56148

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June 12th 1882*
4. Place of Birth, (Street and Number) *25 Frederick St.*
5. Full Name of Mother, *L. Jacobs*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *David Jacobs*
9. Father's Occupation,
10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Bernstein

Address, *113 G. Lombard St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56149

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12 1882

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Osterdorf

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, Robert Osterdorf

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. In or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56100

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

12th June 1882

4. Place of Birth, (Street and Number)

161 Montgomery

5. Full Name of Mother,

Wilhelmina Kuep

6. Mother's Maiden Name,

Kaltenback

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

William H. Kuep

9. Father's Occupation,

Class Blower

10. Father's Birthplace,

Balt.

Name of Medical Attendant,

or other Person who makes this Return

H. W. Webster - M.D.

Address,

57 Barr

Remarks,

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56/51

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Tuesday, 12th

4. Place of Birth (Street and Number)

No 176 Howard Street

5. Full Name of Mother

Jane Marine

6. Mother's Maiden Name

Kent County Md.

7. Mother's Birthplace

Isiah Marine

8. Full Name of Father

Lead Factory

9. Father's Occupation

Kent County Md.

10. Father's Birthplace

Mary, Birtons

Name of Medical Attendant, or other Person who makes this Return.

51 Leadenhall Street

Address

Remarks

Well and Healthy

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 56152

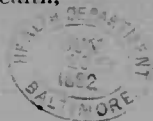
To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 12th 1882
4. Place of Birth, (Street and Number) 121 Baltimore av.
5. Full Name of Mother Mary C. Lawrence
6. Mother's Maiden Name Weathers
7. Mother's Birthplace Balto. city
8. Full Name of Father Wm. A. Lawrence
9. Father's Occupation Machinist
10. Father's Birthplace Balto. city
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Narrow Barre St.
- Remarks

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16153

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Second
Female*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 12 '82

4. Place of Birth, (Street and Number)

465 E. Eager St.

5. Full Name of Mother,

Catherine Werner

6. Mother's Maiden Name,

Ulrich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John W. Werner

9. Father's Occupation,

Black

10. Father's Birthplace,

Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, *286 W. Lexington St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56154

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

White
Born 12/12
X 42 S. Chewman St
Anna Griffin
Muir
Baltimore
Eugene Griffin
Machinist
Baltimore
D. J. Thacker
387 N. Lombard St

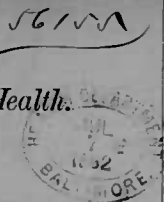


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 12, 1902* *5:30 P.M.* *Boy*

4. Place of Birth (Street and Number) *327 E. Balto. St. P*

5. Full Name of Mother *Jennie A. Larsson*

6. Mother's Maiden Name *E. A. Hood*

7. Mother's Birthplace *Gen. S. State*

8. Full Name of Father *William Larsson*

9. Father's Occupation *Ship Smith*

10. Father's Birthplace *Balt. City*

Name of Medical Attendant, or other Person who makes this Return. *James E. Donnell M.D.*

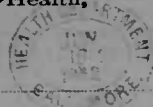
Address

Remarks

By any duly sworn, second-class, male, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16156

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 12th 1882

4. Place of Birth, (Street and Number)

Baltimore Lombard St. No. 280

5. Full Name of Mother,

Annie Adams

6. Mother's Maiden Name,

Brooks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Brooks

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes the return

Mrs. C. Mitchell

Address

No. 58 Parkin St.

Remarks.

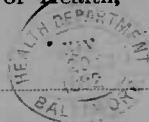
That any physician, nurse, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 12th 1892

4. Place of Birth, (Street and Number) 212 N. Russell St

5. Full Name of Mother, Alice A. Snyder

6. Mother's Maiden Name, Alice A. Russell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Evan S. Snyder

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Montgomery Co Md

Name of Medical Attendant, Theodore G. Smith M.D.

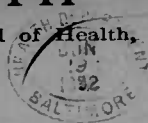
Address, 140 N. Anne St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *white*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 12/12*
4. Place of Birth, (Street and Number) *X 484 W. Lombard St*
5. Full Name of Mother, *Mary Rethman*
6. Mother's Maiden Name, *Strang*
7. Mother's Birthplace, *Richmond Va*
8. Full Name of Father, *Henry Rethman*
9. Father's Occupation, *Black and*
10. Father's Birthplace, *Machinist*

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

*A. L. Spencer M.D.
307 W. Lombard St.*

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16157

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2^d Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 12 1882

4. Place of Birth, (Street and Number)

95 S. Bond. St.

5. Full Name of Mother,

Victoria Phillips -

6. Mother's Maiden Name,

" Harrington

7. Mother's Birthplace,

Madison, Dorchester Co., Ind.

8. Full Name of Father,

Henry L. Phillips -

9. Father's Occupation,

Conductor,

10. Father's Birthplace,

Dorchester Co., Ind.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall. M.D.

Address.

152 Sharp St.

Remarks,

RETURN OF A BIRTH 5616a

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, June 12
4. Place of Birth, (Street and Number) 46 Stirling St
5. Full Name of Mother, Joe Lee
6. Mother's Maiden Name, Joe Hatter
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jaster Lee
9. Father's Occupation, ~~Miller~~ Sailer
10. Father's Birthplace, Richmond Va
- Name of Medical Attendant, or other Person who makes this Return Mrs. L. E. Johnson
- Address, 203 St. Short St
- Remarks, very delicate child



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 13

4. Place of Birth, (Street and Number) 37 East St

5. Full Name of Mother, Mary Wilson

6. Mother's Maiden Name, Mary Williams

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Albert Wilson

9. Father's Occupation, waiter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Leah Johnson

Address, 421 N 31 Street St

Remarks, healthy child



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56162

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *June 13 1882*
4. Place of Birth (Street and Number) *Jordan Alley No. 23*
5. Full Name of Mother *Mary Jane Robinson*
6. Mother's Maiden Name *Mary Jane Collins*
7. Mother's Birthplace *Princes Ann Md*
8. Full Name of Father *Robert M. Robinson*
9. Father's Occupation *~~State~~ Labor*
10. Father's Birthplace *Washington DC*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Cornis*
- Address *No 13 Jordan Alley Baltimore*
- Remarks

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56165

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *June 13/92*
4. Place of Birth, (Street and Number) *160 E. Madison*
5. Full Name of Mother, *Emma Stokes*
6. Mother's Maiden Name, *Emma Barnes*
7. Mother's Birthplace, *Med*
8. Full Name of Father, *Wm Stokes*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Med*
- Name of Medical Attendant, *Dr. Miller* or other Person who makes this Return
- Address, *570 Greene St.*
- Remarks, _____

56164

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56164

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 13th 1882 4.6.3m

4. Place of Birth (Street and Number)

10. Jackson Court

5. Full Name of Mother

Mrs. John Cloney

6. Mother's Maiden Name

Kate Wankner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Cloney

9. Father's Occupation

Furniture Dealer

10. Father's Birthplace

Madison. Indiana

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. A. M. SEXTON,
No. 248 W. Lexington Street
BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar addressed, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 13th 1882

4. Place of Birth, (Street and Number)

284 E. Lombard

5. Full Name of Mother,

Hellen Monius

6. Mother's Maiden Name,

Bielefeld

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

George John Monius

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this return.

E. P. Buns M.D.

Address,

No. 375 E. Balto. St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

76/66

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 201

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 13th 1882

4. Place of Birth, (Street and Number) No 104 E. Madison St.

5. Full Name of Mother, Mary Bert and

6. Mother's Maiden Name, Mary Collins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Bertrant

9. Father's Occupation, Picture frame & Gilder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Bell

Address, No. 185 J. C. cor. Central av. & Monument St.

Remarks, All Well

"That any physician, accoucheur, midwife, or other persons in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

76167

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 13. 1882

4. Place of Birth, (Street and Number)

No 203 5th St

5. Full Name of Mother,

Rebecca Duval

6. Mother's Maiden Name,

Rebecca Gulach

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Reuben Duval

9. Father's Occupation,

Engineer

10. Father's Birthplace,

France - Lyons Co.

Name of Medical Attendant, or other Person who makes this Return

J. H. H. H. H.

Address

205 N. 2nd St

Remarks

76168

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56168

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address.

Remarks,

Male
White
June 13th 1892
126 S. Ave.
Mary E. Fortune
" " Foley
Baltimore
Oscar E. Fortune
Mariner

Primary
J. L. Victoria
J. J. Dr. Brannan

RETURN OF A BIRTH 56169

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th of June

4. Place of Birth, (Street and Number) New Church St-20

5. Full Name of Mother, Catharine Fannello

6. Mother's Maiden Name, Catharine Brichatti

7. Mother's Birthplace, Cerano Italy

8. Full Name of Father, Antonino Fannello

9. Father's Occupation, Fruit Stand

10. Father's Birthplace, Mitazzo Italy

Name of Medical Attendant, or other Person who makes this Return Barbara Rys

Address, Midwife R-28

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



56170

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Black

3. Date of Birth

June 13th 1892

4. Place of Birth (Street and Number)

116 37 N. Durham st

5. Full Name of Mother

Maria Hutches

6. Mother's Maiden Name

Wilkins

7. Mother's Birthplace

Green anny county

8. Full Name of Father

Joshua Hutches

9. Father's Occupation

Labourer

10. Father's Birthplace

Green an co.

Name of Medical Attendant, or other Person who makes this Return.

Francis Anderson

Address

235 McKim st - Eptand

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

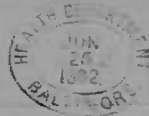


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5 children William Henry*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *13 June 18 82*
4. Place of Birth (Street and Number) *Union St No 22*
5. Full Name of Mother *Jadai Faine*
6. Mother's Maiden Name *Jadai Adams*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *James Faine*
9. Father's Occupation *labor*
10. Father's Birthplace *Maryland*
Name of Medical Attendant, or other Person who makes this Return. *Louvier Helms*
Address *No 27 Union St*
Remarks *in good health at the time*

RETURN OF A BIRTH

56172

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



But any physician, midwife, or other person in charge, who shall receive notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23 of June*

4. Place of Birth, (Street and Number) *Heidelbergtown*

5. Full Name of Mother, *Mary Eggers*

6. Mother's Maiden Name, *= Eilmeyer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Peter Eggers*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *New Point Road.*

Name of Medical Attendant, *E. Beckman*
or other person who makes this Return.

Address, *Midwife*

Remarks, *54 Essex St.*

Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56173

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 13th 1882

4. Place of Birth, (Street and Number)

4212 S Bond St

5. Full Name of Mother,

Rosina Hoffmeyer

6. Mother's Maiden Name,

Schermann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Hoffmeyer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Mrs Louise Knapp

Address,

236 Canton Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 13th 1882

4. Place of Birth, (Street and Number)

56 Eastern Ave

5. Full Name of Mother,

Mary Kellermann

6. Mother's Maiden Name,

Muentzoefer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Gustav Kellermann

9. Father's Occupation,

Schoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise S. Craft

Address,

205 Canton Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56170

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth 13th June 1882

4. Place of Birth, (Street and Number) N E cor. Calvert & Monument

5. Full Name of Mother Libbie Smith

6. Mother's Maiden Name " Munnis

7. Mother's Birthplace Italy

8. Full Name of Father H. L. Smith

9. Father's Occupation Clerk

10. Father's Birthplace Mississippi

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address 37 Barnes

Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16176

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 18th 1882*

4. Place of Birth, (Street and Number) *Baltimore Ramsey St. 72*

5. Full Name of Mother, *Mary. Jennings*

6. Mother's Maiden Name, *Personette*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Jennings*

9. Father's Occupation, *Brass - Manufacturer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who make this Return *Mrs. L. Mitchell*

Address, *No. 58 Parkin St.*

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 13. 1884,

4. Place of Birth, (Street and Number)

38 Clinch Ave.

5. Full Name of Mother,

Emily E. Reese,

6. Mother's Maiden Name,

" " Watkins.

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Henry O. Reese,

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes the Return

Dr. W. P. Morgan

Address,

119 N. Monument St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 14 1882*

4. Place of Birth (Street and Number) *149 S. Race*

5. Full Name of Mother *Louisa Slaughter*

6. Mother's Maiden Name *Shoracen*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Jerome Slaughter*

9. Father's Occupation *Machinist*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

W. P. Kemp
55 No. Green St.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56179

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female).

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

14 day of June

4. Place of Birth, (Street and Number)

297 Lombard St

5. Full Name of Mother,

Mollie Nelson

6. Mother's Maiden Name,

Mollie Kavanagh

7. Mother's Birthplace,

Harford County

8. Full Name of Father,

Henry Nelson

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Frederick City

Name of Medical Attendant, or other Person who makes this Return.

J. H. Harrington

Address,

413 Ford St

Remarks,



561A

of Health.

3.11.

Thiopsis.

L. b. l.

June 16, 1881.

No 36. *Hyssopus officinalis* L.

Gobaea *Levinson*

Sohna Avery

3rd time

Charles Simpson

Satisfied

Mr. J. E. Zachary

4

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

*****Za kashcheyu i zhiznnyu to zheny 1991

Ways to Calm

RETURN OF A RIDER

12. 181

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16181

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 14th 1882
4. Place of Birth, (Street and Number) N.W. Corner Orleans and Durham St.
5. Full Name of Mother Mrs. Georgie Keller
6. Mother's Maiden Name Miss Georgie Dietz
7. Mother's Birthplace Germany
8. Full Name of Father Mr. Frederick Keller
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Wm H. Glendinen M.D.
- Address No. 102 N. Broadway
- Remarks

RETURN OF A BIRTH 16182

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16182

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

14th June 1882

4. Place of Birth, (Street and Number)

228 Light

5. Full Name of Mother,

Bridget Hardeman

6. Mother's Maiden Name,

Finneegan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Martin Hardeman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

H. W. Webster

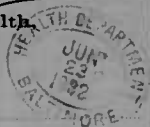
Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st, 2nd, 3rd, &c.~~) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 11 1882*

4. Place of Birth, (Street and Number) *164 North Washington St*

5. Full Name of Mother, *Mary Elizabeth Sulfrich*

6. Mother's Maiden Name, *Mary Elizabeth Elder*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John Joseph Sulfrich*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Hanover Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return

Address, *162 S. Clark St*

Remarks, *L. W. Correll M.D.*

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16184

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st-

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 14th 1902

4. Place of Birth (Street and Number)

247 Linden av

5. Full Name of Mother

Mary Lizzie Waller.

6. Mother's Maiden Name

Kipfer

7. Mother's Birthplace

Balto Co

8. Full Name of Father

Frank Waller

9. Father's Occupation

clerk

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

W. D. Bookin.

Address

152 Madison St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 14

4. Place of Birth, (Street and Number)

Laurel Avenue 2nd from Mt. Vernon

5. Full Name of Mother,

Mellie Enty
Greer

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Edmund Enty
Clerk

9. Father's Occupation,

Balt.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Dr. M. Williams
151 Mt. Vernon

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56186

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 14th. 1882*
 4. Place of Birth, (Street and Number) *No 89. Asguth St.*
 5. Full Name of Mother, *Mary Robinson*
 6. Mother's Maiden Name, *Mary Case*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *James Robinson*
 9. Father's Occupation, *Carpenter & Builder*
 10. Father's Birthplace, *Chesler County.*
 Name of Medical Attendant, or other Person who makes this Return *M. V. Butt*
 Address, *1015 E. cor Central av. & Monument St.*
 Remarks, *All well*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56187

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 14th 1882

4. Place of Birth, (Street and Number)

No 69 Hartford St.

5. Full Name of Mother

Ellen Cullen

6. Mother's Maiden Name

Ellen Williams

7. Mother's Birthplace

Balto

8. Full Name of Father

William Cullen

9. Father's Occupation

Coachman

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Dena Hollister

Address

182 2 Monument St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56188

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth June 14th 1882
4. Place of Birth, (Street and Number) No 102 E Madison St
5. Full Name of Mother Mary Haller
6. Mother's Maiden Name Mary Brown
7. Mother's Birthplace Baltimore
8. Full Name of Father Mr. Haller
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Lena Hyllegas
- Address 182 E Monument St
- Remarks _____

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 14/82
53 East St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Long

6. Mother's Maiden Name,

" Holt

7. Mother's Birthplace,

Bald. city

8. Full Name of Father,

Frank B. Long

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Bald. city

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, next the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16190

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth June 16th 1882
 4. Place of Birth, (Street and Number) No 5. Woff st
 5. Full Name of Mother Annie Jones
 6. Mother's Maiden Name Annie Knight
 7. Mother's Birthplace Balto
 8. Full Name of Father Charles W. Jones
 9. Father's Occupation Tailor
 10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this return. Anna Hillegier
- Address 182 E Monument st
- Remarks

After the birth of a child, within the City of Baltimore, shall report to the Registrar of Births, Sex, and Color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56191

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth 14 of June
4. Place of Birth, (Street and Number) No 40 Mc Elerry st
5. Full Name of Mother Anna Maria Paul Curtis
6. Mother's Maiden Name ~~Anna Maria Paul~~ Perkins
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Perkins
9. Father's Occupation Lawyer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Hassiet Britton
- Address No 78 or Bethel st
- Remarks _____

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56192

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 14th

4. Place of Birth, (Street and Number)

40 German St

5. Full Name of Mother,

Catherine O'Brien

6. Mother's Maiden Name,

Catherine Mulligan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos. J. O'Brien

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

J. H. Hines

Address,

No. 2. Cathedral St.

Remarks,

See Record of Vital Statistics in the City of Baltimore

That my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

16193



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether Male or Female)

Female.
colored

2. Race or Color (if not of the white race)

3. Date of Birth

June 14th 1892. S. A. M.

4. Place of Birth (Street and Number)

38. Amity

5. Full Name of Mother

Bridget Kelley

6. Mother's Maiden Name

Bridget Kelley

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Kelley

9. Father's Occupation

Teamster 13 & ORR

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

C. A. Saffron M.D.

Address

543. Lexington

Remarks

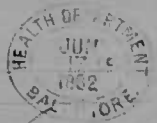
For Record of Birth Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56194

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Colored female
June the 14 1882
104 Maryland
Mrs. Smith
E. M. Smith
Barrel County, W. D.
Henry Sherman
Bell tender
Richmond, Va.
S. B. Garrison
104 Maryland

RECEIVED BY THE CITY OF BALTIMORE MAY 10 1882

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

5619A



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June the 14th 1882
4. Place of Birth (Street and Number) Gibbs St. No 20
5. Full Name of Mother Julia Bader
6. Mother's Maiden Name Julia ~~Smith~~ Freeland
7. Mother's Birthplace Eastern shore
8. Full Name of Father John Bader
9. Father's Occupation Labourer
10. Father's Birthplace Eastern shore
- Name of Medical Attendant, or other Person who makes this Return. Sydia Somerville
- Address 13 Clinton ave
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56196

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY..



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 15th, 1882

4. Place of Birth, (Street and Number)

417 Light St.

5. Full Name of Mother,

Mary Ann Ganter

6. Mother's Maiden Name,

Hester Ware

7. Mother's Birthplace,

Balts. Md

8. Full Name of Father,

Wm Thomas Ganter

9. Father's Occupation,

Cigar-maker

10. Father's Birthplace,

St Mary's Co. Md.

Name of Medical Attendant,

or other Person who makes this Return.

Robert S. Rowe, M.D.

Address,

323 Light St and 143 Battery Ave

Remarks,

RETURN OF A BIRTH 16197

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 15, 1882

4. Place of Birth, (Street and Number)

1 S Exeter

5. Full Name of Mother,

Annie R. Boyd

6. Mother's Maiden Name,

... .. Hornick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francis G. Boyd

9. Father's Occupation,

Telephonists

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Lavinia L. Kraft

Address,

236 Canton Ave

Remarks,

But any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, sending distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56198

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female).

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 15th 1882

4. Place of Birth (Street and Number)

507 Fremont St

5. Full Name of Mother

Maria Becker

6. Mother's Maiden Name

Curens

7. Mother's Birthplace

Gork Penna

8. Full Name of Father

George Becker

9. Father's Occupation

Painter

10. Father's Birthplace

Gork Penna

Name of Medical Attendant, or other Person who makes this Return.

Chas E Becker

Address

565 Grand Hill Ave

Remarks

FILE RECORDS BY VITAL STATISTICS IN THE CITY OF BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

56199

To the Office of Registrar of Vital Statistics, Board of Health, IN

BALTIMORE CITY. 1



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 15th 1882

4. Place of Birth (Street and Number)

53 N. Eden Street

5. Full Name of Mother

Mahida Kosman

6. Mother's Maiden Name

Leiglebach

7. Mother's Birthplace

Balt. Mo.

8. Full Name of Father

Frederick Kosman

9. Father's Occupation

Can. Maker

10. Father's Birthplace

Balt. Mo.

Name of Medical Attendant, or other Person who makes this Return.

L. E. Hoakes M.D.

Address

241 E. Pratt St.

Remarks

Read any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16.20a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 18 82

4. Place of Birth, (Street and Number)

1115 Scott St

5. Full Name of Mother,

Eg. Sauer

6. Mother's Maiden Name,

Klein

7. Mother's Birthplace,

Herrndammstadt

8. Full Name of Father,

Henry Sauer

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mary B. H.

Address.

1228 E. Ecker St

Remarks,

X See receipt of your statement in the City of Baltimore.

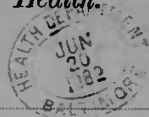
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16201

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 5.

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

White

3. Date of Birth

born on the 13th

4. Place of Birth (Street and Number)

No 49 - Ethington St

5. Full Name of Mother

Emma Grunpf

6. Mother's Maiden Name

Lycens

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Tailor Grunpf

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Mrs June Gure

Remarks

No 13 Holland St

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

86202

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 15th 1882

4. Place of Birth, (Street and Number)

180 Hamburg St.

5. Full Name of Mother,

Louise Murray

6. Mother's Maiden Name,

Ries

7. Mother's Birthplace,

America

8. Full Name of Father,

David Murray

9. Father's Occupation,

Clerk

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. L. Lippincott midwife

Address,

330 Hanover St.

Remarks,



RETURN OF A BIRTH *16208*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) */*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *June 16*

4. Place of Birth, (Street and Number) *120 registers st*

5. Full Name of Mother, *Ellen Robinson*

6. Mother's Maiden Name, *Ellen Dadd*

7. Mother's Birthplace, *Antwerpville md*

8. Full Name of Father, *William Robinson*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Antwerpville md*

Name of Medical Attendant, or other Person who makes this Return *Miss Leah Robinson*

Address, *Healthy Child*

Remarks, *31 Street st*

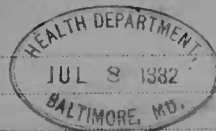


"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16204

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June the 15th 1881*

4. Place of Birth, (Street and Number) *Longfellow St.*

5. Full Name of Mother, *Esther Ramm*

6. Mother's Maiden Name, *geshikter*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Max Ramm*

9. Father's Occupation,

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Bernstein*

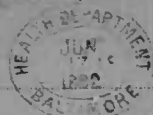
Address, *113 E. Lombard St.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 15th*

4. Place of Birth, (Street and Number) *Nº 20 Market Space*

5. Full Name of Mother, *Mary A. Weiss*

6. Mother's Maiden Name, *Eshardt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *A. C. Weiss*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Sophia Simon*

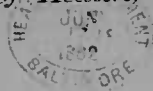
Address, *Nº 11 E. Granby St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16206

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 15th

4. Place of Birth, (Street and Number)

280 W. Fayette St.

5. Full Name of Mother,

Caroline Straup

6. Mother's Maiden Name,

Caroline Straup

7. Mother's Birthplace,

New York

8. Full Name of Father,

Max S. Straup

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

H. Jenkins

Address,

No 2 Cathedral St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56207

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

June 15th / 82.
39th Biddle St (W)
Elia. Hermann
Elia. Reubigdt.
Gien. Germany.
John Hermann.
Sailor.
Gien. Germany.
John. A. Hagedad.
City.

RETURN OF A BIRTH *16208*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

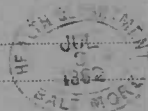
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendants, or other Person who makes this Return

Address,

Remarks,



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56209

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 15th of June

4. Place of Birth, (Street and Number) No 3 Fisher Court

5. Full Name of Mother, Mrs Mary J. Bailey

6. Mother's Maiden Name, Mary Jane Hooper

7. Mother's Birthplace, Dorchester County Md.

8. Full Name of Father, James Bailey

9. Father's Occupation, Laborer

10. Father's Birthplace, Dorchester County Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs Helen Morgan

Address, No 47 North Durham Street

Remarks,

health; DEPARTMENT
JUL 1 1964
FBI - NEW YORK

registrars of vital statistics
BALTIMORE CITY.

CITY.

2nd
Female

- (ce)
 June 15th 1862
 No 572 S. Charles St. Baltimore
 Maggie Wuehacker
 Smith
 Baltimore
 Wuehacker
 John E. Carpenter
 Baltimore
 Professor Wuehacker
 Lord & Bell & Co

Person who
this Return

Remarks,

No. of

1. Sex
2. Race
3. Length
4. Weight
5. Age
6. Date of birth
7. Place of birth
8. Name of parents

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

15th June 1882

4. Place of Birth (Street and Number)

Columbia Ave. & Fremont St.

5. Full Name of Mother

Rosa M. Goldendice

6. Mother's Maiden Name

Rosa M. Goldendice

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Irvin H. Goldendice

9. Father's Occupation

Physician

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. W. Colburn M.D.

Address

343 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

16212



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

June 15-1882

4. Place of Birth (Street and Number)

21 Woodward St

5. Full Name of Mother

Mary S. Wagner

6. Mother's Maiden Name

Mary S. Richman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George A. Wagner

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. W. Gottum M.D.

Address

343 W. Lombard St

Remarks

7 months & 20 days gestation

162131

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



16213

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 15 June

4. Place of Birth (Street and Number) Henrietta St

5. Full Name of Mother Kate J. Lewis

6. Mother's Maiden Name Edith J. Swarber

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm. Lewis

9. Father's Occupation Truman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr. Boskey

Address 15 Lombard St

Remarks Doing well

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16214

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,



15th of June

No 440 Cross street

Elisabeth Stiefel

Elisabeth Maisel

Blankenfeld Bavarian

Charles H Stiefel

Cabinet maker

Heilbronn Wurtemberg

Mrs Bange

Charles Stiefel No 440 Cross street

I will take the child Heinrich Stiefel

I and my physician, accouchement, midwife, or other person in charge, who shall attend, shall or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 16 1882

4. Place of Birth, (Street and Number)

S. E. of Bank, cor Chappel

5. Full Name of Mother,

Jennie Petters ~~Peterson~~

6. Mother's Maiden Name,

Jacobs

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Petters

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Kraft

Address,

236 Canton Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16216*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 16/1882

4. Place of Birth, (Street and Number)

24 Thames St

5. Full Name of Mother,

Katharine Rolfs

6. Mother's Maiden Name,

Boeklage

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bernhard Rolfs

9. Father's Occupation,

Laborn

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise T. Craft

Address,

236 Canton Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56217

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

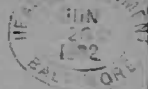


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth June 16
 4. Place of Birth, (Street and Number) 3 1/2 Frederick Ave Balto City
 5. Full Name of Mother Margia Klose
 6. Mother's Maiden Name Kroger
 7. Mother's Birthplace Balto
 8. Full Name of Father Arthur S. Klose
 9. Father's Occupation Liquor Dealer
 10. Father's Birthplace Balto
 Name of Medical Attendant, or other Person who makes this Return Anne Grindner?
 Address No 45 S Monroe St.
 Remarks _____

563187

RETURN OF A BIRTH 56418

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name: George F. Meiners

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 of June

4. Place of Birth, (Street and Number) No 8 Fall St.

5. Full Name of Mother, Elise Meiners

6. Mother's Maiden Name, = Held

7. Mother's Birthplace, Munster Land. (Prussia)

8. Full Name of Father, Henry Meiners

9. Father's Occupation, Baker

10. Father's Birthplace, Munster Land (Prussia)

Name of Medical Attendant, or other person who makes this Return. J. Reinken

Address, Midwife

Remarks, 54 Essex St.

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

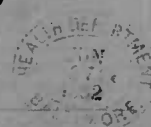
Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children when, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

56219



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

M

2. Race or Color (if not of the white race)

W

3. Date of Birth

Jan 16 1892

4. Place of Birth (Street and Number)

132 W. Bayview St

5. Full Name of Mother

Isabel Lynn Scherer

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm. A. Lynn

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Richard A. Lusk, M.D.

Address

189 W. Howard St.

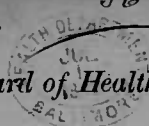
Remarks

I want a new Return Book - The Health Dept. ought to furnish standard envelopes, with printed address to members of the profession - Adhes.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Henry Hutchins*
1. Sex (state whether male or female) *Male Child*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *born 16 of June*
4. Place of Birth (Street and Number) *No 17 Little Pine Street*
5. Full Name of Mother *Mary E. Burer*
6. Mother's Maiden Name
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Charles Burer*
9. Father's Occupation *Messenger work*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Henry Hutchins*
Address *Henry Hutchins No 105 Cherry Hill Street*
Remarks

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

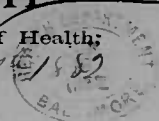
RETURN OF A BIRTH

56221

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

June 17th 1882



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 16th 1882.

4. Place of Birth, (Street and Number) No 319 S. Bond St.

5. Full Name of Mother, Lizzie Repp.

6. Mother's Maiden Name, Lizzie Amend.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Henry Repp.

9. Father's Occupation, Baker.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Amend.

Address, No 137 South Wolfe St.

Remarks, D

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56222

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Female
White
June 16/92
6029 Chambers St
Elizabeth B. Cullen
" " " " " "
Baltimore
Wm. C. Cullen
Ship Carpenter
Baltimore
J. L. Williams
491 S. Broadway

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 16, 1882

4. Place of Birth, (Street and Number) 366 Light St. Baltimore Md.

5. Full Name of Mother, Mary Litch

6. Mother's Maiden Name, Mary Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Litch

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Litch

Address, 107 Johnson St. Baltimore Md.

Remarks,

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2^d child*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *16 June*
4. Place of Birth, (Street and Number) *Central Avenue No 301*
5. Full Name of Mother, *Catherine Heib*
6. Mother's Maiden Name, *Catherine Metz*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *G. W. Heib*
9. Father's Occupation, *Sattler*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

Anna Walter midwife
239 Eager Street.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

June 16th 1892.

4. Place of Birth, (Street and Number)

313 Penn. Ave.,

5. Full Name of Mother,

Mary S. McComas.

6. Mother's Maiden Name,

Mary S. Hunter.

7. Mother's Birthplace,

Harford Co., Md.

8. Full Name of Father,

John B. McComas.

9. Father's Occupation,

Carpenter.

10. Father's Birthplace,

Harford Co., Md.

Name of Medical Attendant, or other Person who makes this Return.

John L. Pennington M.D.

Address,

134 N. Carrollton Ave.

Remarks,

* That any physician, second-church, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56216

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(4)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

16th June 1882

4. Place of Birth, (Street and Number)

72 Thames st

5. Full Name of Mother,

Elise Holder

6. Mother's Maiden Name,

Elise Momenthy

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Holder

9. Father's Occupation,

Barkeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Funigunde Schlifer

Address,

20 Columbia st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16227

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10th 1882

4. Place of Birth, (Street and Number)

231 N. Dallas St

5. Full Name of Mother...

Mary Margaret Spiering

6. Mother's Maiden Name,

Prien

7. Mother's Birthplace,

Germany

8. Full Name of Father,

= August Peter Nikolaus Spiering =

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

D. W. Elders

Address,

5 E. Bay St
Caroline Smith

Remarks,

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

16228

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



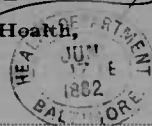
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 16 1882
4. Place of Birth, (Street and Number) N^o 673 Light St
5. Full Name of Mother Christiana Spiegel
6. Mother's Maiden Name Christiana Fritz
7. Mother's Birthplace Germany
8. Full Name of Father Joe Spiegel
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Christiana Hornung
- Address N^o 18 Bryn Mawr St
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56229

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June, 16, 1882
 4. Place of Birth, (Street and Number) Granby St. No. 100
 5. Full Name of Mother, Clara Limbach
 6. Mother's Maiden Name, Clara Walth
 7. Mother's Birthplace, Hildesheim, Prussia, Germany
 8. Full Name of Father, Henry Limbach
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Wald & Co.
- Name of Medical Attendant, or other Person who makes the Return, Carl E. Miller
- Address, 212 S. Calver St. No. 14, 2d
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 16th 1892

4. Place of Birth, (Street and Number)

No 64 Lown St Baltimore Md

5. Full Name of Mother,

Catharine Eva Green

6. Mother's Maiden Name,

" " Feller

7. Mother's Birthplace,

York Co Pa

8. Full Name of Father,

J. Samuel Green

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Balti Md

Name of Medical Attendant, or other Person who makes this Return

Wm L. Patterson

Address,

121 S Patterson Park St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56231

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 16th 1882

4. Place of Birth, (Street and Number)

129 N. E. Taw St

5. Full Name of Mother,

Julie Rosenstock

6. Mother's Maiden Name,

Julie Schloss

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Levy Rosenstock

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. B. Freedman

Address,

Remarks,

Print fully in ink, in English, in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56232

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1882
4. Place of Birth, (Street and Number) No 267 1/2 South
5. Full Name of Mother, Mary Wolf
6. Mother's Maiden Name, Erback
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernst Wolf
9. Father's Occupation, Basket maker
10. Father's Birthplace, Baltimore County
- Name of Medical Attendant, or other Person who makes this Return M. A. Bull
- Address, No. 135 E. E. cor. Central av. Monument St.
- Remarks, All well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16233

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 16 1882

4. Place of Birth, (Street and Number) 211 Bond Street

5. Full Name of Mother Ann Louisa Lewis

6. Mother's Maiden Name Ann Louisa Smith

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Harris

9. Father's Occupation Mariner

10. Father's Birthplace Hart town Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153

Address Collington Avenue

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16234

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Kind*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

geboren den 17^{ten} June

4. Place of Birth, (Street and Number)

N^o 175 Eastern Av

5. Full Name of Mother,

Unverklide

6. Mother's Maiden Name,

Mary Tell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Friederike Krausmann

Address, *N^o 202 S Dallas St*

Remarks,

Home

That any physician, accouchieur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56238

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth June 17. 1882

4. Place of Birth (Street and Number) 157. E. Biddle st

5. Full Name of Mother Elizabeth Maysen

6. Mother's Maiden Name Elvith Wodke

7. Mother's Birthplace Harrisburg Penn.

8. Full Name of Father Daniel H. Mouser

9. Father's Occupation Steamster

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. James L. Covert

Address 270 N. Castle st

Remarks Healthy.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

76236

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17th June

4. Place of Birth, (Street and Number).

O'Donnell street

5. Full Name of Mother,

Elizabeth Gubb

6. Mother's Maiden Name,

Elizabeth Kuhne

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Wm Gubb

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sally Sullens

Address,

104 Curley street

Remarks,

RETURN OF A BIRTH

18237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



That any physician, midwife, or other person who shall be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

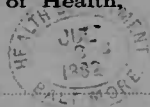
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
 1. Sex, (state whether male or female) *Male Child*
 2. Race or Color, (if not of the white race) *Colored Child*
 3. Date of Birth, *17 June 1882*
 4. Place of Birth, (Street and Number) *508 W. Water St*
 5. Full Name of Mother, *— Mary — McClinton*
 6. Mother's Maiden Name, *Prince George Co Md*
 7. Mother's Birthplace, *Thomas Wm Thomas*
 8. Full Name of Father, *Co. 1st Regt*
 9. Father's Occupation, *Prince George Co Md*
 10. Father's Birthplace, *—*
 Name of Medical Attendant, or other Person who makes this Return, *Dr. J. C. Jones*
 Address, *1317 W. Water St*
 Remarks, *Baltimore*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16238

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17 1882
4. Place of Birth, (Street and Number) 20
5. Full Name of Mother, Mathematica Johnson
6. Mother's Maiden Name, Key
7. Mother's Birthplace, Balt.
8. Full Name of Father, George Johnson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return Mr. E. B. Jones
- Address, 20
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56239

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th 3rd

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white 14

3. Date of Birth,

June 13th 1882

4. Place of Birth, (Street and Number)

Corner of Truth and Albemarle

5. Full Name of Mother,

~~Esther~~ Sarah Miller

6. Mother's Maiden Name,

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Roses Miller

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Russia

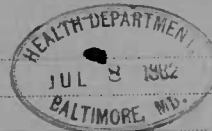
Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Bernstein

Address,

113 E. Lombard St.

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56240

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White race

3. Date of Birth

17 June

4. Place of Birth (Street and Number)

256 Battery Ave

5. Full Name of Mother

Ann Crispin

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Crispin

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Elizabeth Jewell

Address

68 Hart Ave

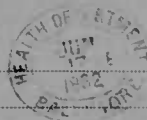
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56241

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 17 1882*
4. Place of Birth, (Street and Number) *E. Fayette St. No. 235*
5. Full Name of Mother, *Kathie Wohlgemuth*
6. Mother's Maiden Name, *Kathie Eichel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Leob. Wohlgemuth*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who makes the Return

Mary E. Muller

Address, *10 E. Calver St. No. 20*

Remarks, _____

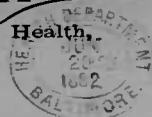
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16242

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 17th 1882
 4. Place of Birth, (Street and Number) 79 N. Market St.
 5. Full Name of Mother, M. Catharine Barnes
 6. Mother's Maiden Name, M. Catharine Thomas
 7. Mother's Birthplace, Kent Co Md
 8. Full Name of Father, Henry C. Barnes
 9. Father's Occupation, S. & Dealer
 10. Father's Birthplace, Baltimore Md
 Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.
 Address, 146 N. Market St.
 Remarks,

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁶²⁴³

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 17th 1882*

4. Place of Birth, (Street and Number) *326 Hanover St.*

5. Full Name of Mother, *Margie Schmitt*

6. Mother's Maiden Name, *Hart*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Henry Schmitt*

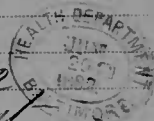
9. Father's Occupation, *Painter*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this return *J. Schwasser midwife*

Address, *330 Hanover St.*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16244

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 17th

4. Place of Birth, (Street and Number)

55 Market Space

5. Full Name of Mother,

Mary Lynch

6. Mother's Maiden Name,

Ernst

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Ed. Lynch

9. Father's Occupation,

Restaurateur

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who
make this Return

Samuel Cooper

Address,

52 E. Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56245

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 17th 1882

4. Place of Birth, (Street and Number)

No 10 Jefferson st

5. Full Name of Mother,

Magdalena Fuhs

6. Mother's Maiden Name,

" Kellner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Fuhs.
Tailor

9. Father's Occupation,

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Petz

Address,

120 Bank st

Remarks,



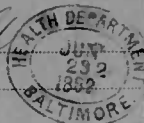
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56246

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 17th 1882

4. Place of Birth, (Street and Number)

182 Barry St

5. Full Name of Mother,

Ellie Berger

6. Mother's Maiden Name,

Backhaus.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm Berger

9. Father's Occupation,

Polish American

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

J. Schwaiger midwife
330 Tremont St.

Address.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ^{56 247}

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Male -

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 17th 82 -

4. Place of Birth, (Street and Number)

48 Warren, Av.

5. Full Name of Mother,

Josephine Beachamp.

6. Mother's Maiden Name,

" Pothron.

7. Mother's Birthplace,

Balto, City -

8. Full Name of Father,

Geo. Beachamp.

9. Father's Occupation,

Carpenter.

10. Father's Birthplace,

Balto, City -

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall. M.D.

Address,

1528 Sharp St.

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16248*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) ..
3. Date of Birth, *June 18th 1882*
4. Place of Birth, (Street and Number) *No 67 Bank St*
5. Full Name of Mother, *Barbara Ochse*
6. Mother's Maiden Name, *" Eberle*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henri Ochse*
9. Father's Occupation, *Bees maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Betz*
- Address, *120 Bank St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56249



To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
- Sex (state whether male or female)
- Race or Color (if not of the white race)
- Date of Birth *6. 18. 82*
- Place of Birth (Street and Number) *20 Bond*
- Full Name of Mother *Martha Daniels*
- Mother's Maiden Name *Smothers*
- Mother's Birthplace *Balto. Co. Md*
- Full Name of Father *Philip Daniels*
- Father's Occupation *Wagon*
- Father's Birthplace *Balto Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Wm Eastman*
- Address *349 Lech*
- Remarks

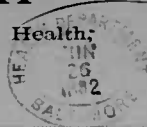
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1628A

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th child
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ..

white

3. Date of Birth,

18 June

4. Place of Birth, (Street and Number)

263 Saratoga St

5. Full Name of Mother,

Bettie Westmann

6. Mother's Maiden Name,

Bettie Kirkhof

7. Mother's Birthplace,

Lingen, Hannover

8. Full Name of Father,

Frank Westmann

9. Father's Occupation,

Watch maker

10. Father's Birthplace,

Shaw, Prussia

Name of Medical Attendant, or other Person who makes this Return

L. E. Reinhard

Address,

224 West Fayette Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16281

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(5)*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June 18th 1882.*
4. Place of Birth, (Street and Number) *27 Ramsey street*
5. Full Name of Mother, *Barbara Schmidt*
6. Mother's Maiden Name, *Barbara Herzog*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Andreas Schmidt*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Einiganda Schlifer*
- Address, *20 Columbia etc*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16282*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *13th Child*

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13th June 1882.

4. Place of Birth, (Street and Number)

83 North Chippel street.

5. Full Name of Mother,

Kate Kaken

6. Mother's Maiden Name,

Kate Greb.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Peter Greb.

9. Father's Occupation,

Hostler.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel

Address,

71 North Chippel street per Christina Kunkel

Remarks,

Healthy.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 16253

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 18th
4. Place of Birth, (Street and Number) 77 E. Lombard St
5. Full Name of Mother, Gertha Walter
6. Mother's Maiden Name, Schaefer
7. Mother's Birthplace, Balt
8. Full Name of Father, Louis Walter
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt
Name of Medical Attendant, or other Person who makes this Return, Elsiebert Harper
Address, 72 E. Lombard St
Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56254

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

18th of June 1882

4. Place of Birth, (Street and Number)

No 2, Paraph Alley

5. Full Name of Mother,

Mary Scott

6. Mother's Maiden Name,

" of Hill

7. Mother's Birthplace,

Cambridgeport, Co. Md

8. Full Name of Father,

Wm. D. Scott

9. Father's Occupation,

Head Barrister

10. Father's Birthplace,

New York City

Name of Medical Attendant, or other Person who makes this Return

Minnie Blake

Address,

No 53, Paraph Alley

Remarks,

Cholera, Died at 3 weeks old

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56255

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 18th, 1882.
 4. Place of Birth, (Street and Number) No. 184 - Wall St.
 5. Full Name of Mother, Virginia Schultman
 6. Mother's Maiden Name, " Schager
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Gerhard Houghtman
 9. Father's Occupation, Tailor
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return W. S. Butt.
 Address, No. 185 S.E. cor. Central av. & Monument St.
 Remarks, All Well

ON file

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Pauline Maria Fondefheit*

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 June 1882

4. Place of Birth, (Street and Number) Baltimore Castle St No 4

5. Full Name of Mother, M. Senfle

6. Mother's Maiden Name, German

7. Mother's Birthplace, August Senfle

8. Full Name of Father, Salmer

9. Father's Occupation, German

10. Father's Birthplace, Marye Baptist

Name of Medical Attendant, or other Person who makes this Return Marye Baptist

Address, 69 N. Washington St Baltimore Md

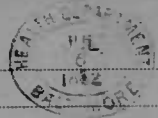
Remarks, Marye Baptist

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16208

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 June 1882
4. Place of Birth, (Street and Number) Balte Fayette Court No 3
5. Full Name of Mother, A. Castille
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Castille
9. Father's Occupation, Saloner
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mary Raptish
- Address 69 N. Washington St
- Remarks Mary Raptish

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth June 18
4. Place of Birth (Street and Number) 102 E. Enoch
5. Full Name of Mother Mary Ann Slayman
6. Mother's Maiden Name Joseph
7. Mother's Birthplace Baltimore
8. Full Name of Father Isaac Slayman
9. Father's Occupation Engineer fireman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane Guy
- Address 13 Holland st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16260

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19th June 1882 - 7 O'clk AM

4. Place of Birth, (Street and Number)

153 Fulton Ave

5. Full Name of Mother,

Rosa Walsh Hammond

6. Mother's Maiden Name,

Rosa Walsh

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry D. Hammond

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Home Ground Co Md

Name of Medical Attendant, or other person who makes this Return

Mr Jackson Evans M.D.

Address,

149 Fulton Ave

Remarks,

Pediatric Labor - fine healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16261

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth June 17th
4. Place of Birth (Street and Number) Baltimore, 27 Gordon ally
5. Full Name of Mother Mary Emma Jenkins
6. Mother's Maiden Name Mary Emma Mahanmitt
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Siras Jenkins
9. Father's Occupation waiter
10. Father's Birthplace Cambridge
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. E. Cornish
- Address Gordon ally.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, *56262*

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Girl*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth *19 June*
 4. Place of Birth, (Street and Number) *72 Thon*
 5. Full Name of Mother *Augusta Reckle*
 6. Mother's Maiden Name *Albenau*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Michael Albenau*
 9. Father's Occupation _____
 10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Marie Güttner*
S. Möhle Street 245.
- Address _____
- Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, making distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16263

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

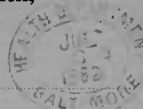


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *June 19, 1882*
 4. Place of Birth (Street and Number) *467 W. Gay St.*
 5. Full Name of Mother *Levantine J. D. Smith*
 6. Mother's Maiden Name *Thomas*
 7. Mother's Birthplace *Frederick Co, Md.*
 8. Full Name of Father *Seabury D. Smith*
 9. Father's Occupation *Secretary, Mining Co.*
 10. Father's Birthplace *Alexandria, Va.*
 Name of Medical Attendant, or other Person who makes this Return. *J. F. Ingle M.D.*
 Address *247 Sawale St.*
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16264*

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *19 June*

4. Place of Birth, (Street and Number) *No 20 Leloup st.*

5. Full Name of Mother, *Caroline Becker*

6. Mother's Maiden Name, *Caroline Reichar*

7. Mother's Birthplace, *Berg in Prussen*

8. Full Name of Father, *August Becker*

9. Father's Occupation, *Cigarmaker*

10. Father's Birthplace, *Herstelle Prussen*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Spünch*

Address, *August Becker No 20 Leloup st.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

76268

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



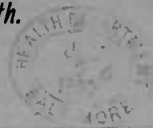
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *white*
 3. Date of Birth *June 19th 1892*
 4. Place of Birth (Street and Number) *by Monument St*
 5. Full Name of Mother *Kennett Eliza Ann*
 6. Mother's Maiden Name *" Wright*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Daniel James*
 9. Father's Occupation *Stair Keeper*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Irving Miller M.D.*
 Address *179 E Monument St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16266

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *June 19-1882*
 4. Place of Birth (Street and Number) *River St. 411 near east of Washington St.*
 5. Full Name of Mother *Clara Stevens*
 6. Mother's Maiden Name *" Goodrich*
 7. Mother's Birthplace *Dorchester Co. Md*
 8. Full Name of Father *James B. Stevens*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return. *Geo Taylor M.D.*
 Address *222 N Broadway*
 Remarks *HS*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *56267*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st 19 of June*

4. Place of Birth, (Street and Number) *No. 172, E. Eager, St.*

5. Full Name of Mother, *Mary Ann*

6. Mother's Maiden Name, *Mary Lee. Pheem,*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Lee. C. Pheem*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Gr. Grace, Ham. Alt*

Name of Medical Attendant, *or other Person who*
make this Return

Address, *Mrs. Christina Sauer*

Remarks, *173 173 Haiferen 1882*

RETURN OF A BIRTH, 17268

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
(state whether male or female) Male
Race or Color, (if not of the white race) white race
Date of Birth June the 19th
Place of Birth, (Street and Number) Baltimore William St No 2-69
Full Name of Mother Mary Bald
Mother's Maiden Name Mary Cook
Mother's Birthplace Baltimore
Full Name of Father George Bald
Father's Occupation labour
Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this return. Elizabeth Hathorn
Address William St No 344
Remarks



"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 19th 1882*
 4. Place of Birth, (Street and Number) *2139 Cross St.*
 5. Full Name of Mother, *Magdalen Spiddick*
Maddalen Scheshüti
 6. Mother's Maiden Name, *Germany*
 7. Mother's Birthplace, *John Spiddick*
 8. Full Name of Father, *John*
 9. Father's Occupation, *Germany*
 10. Father's Birthplace, *Theodore Cook, Jr.*
 Name of Medical Attendant, *146 Hanover St.*
or other Person who makes this Return
 Address.
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56270

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



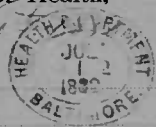
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2
 1. Sex, (state whether male or female) 2 females
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 19, 1889
 4. Place of Birth, (Street and Number) 41 parish St. Bal
 5. Full Name of Mother, Emma Saulman
 6. Mother's Maiden Name, Emma Alison
 7. Mother's Birthplace, Alexandria
 8. Full Name of Father, John H. Saulman
 9. Father's Occupation, Labrer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Mrs. J. Kelly
 Address, 792 Pratt St. Bal
 Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ✓ 6271

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. *June 31*



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 29th 1882*
4. Place of Birth, (Street and Number) *No 88 Lancaster St.*
5. Full Name of Mother, *Elizabeth Roberts*
6. Mother's Maiden Name, *Elizabeth Reinich*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Charles Roberts*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *America*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. Amend.*
- Address, *No 137 S. Wolfe St.*
- Remarks, *—*

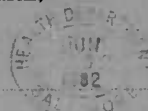
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White Irish

3. Date of Birth,

June 19 1882

4. Place of Birth, (Street and Number)

137 N. Eden

5. Full Name of Mother,

Hannah Jonas

6. Mother's Maiden Name,

Fuld

7. Mother's Birthplace,

Balts. Md

8. Full Name of Father,

Abraham Jonas

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who makes this Return

Mrs R. Ulbig

Address,

48 Hollander St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16273

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *June 19 th*

4. Place of Birth, (Street and Number) *no 26 vane st*

5. Full Name of Mother, *julia smith*

6. Mother's Maiden Name, *julia skinner*

7. Mother's Birthplace, *easton. md*

8. Full Name of Father, *john h smith*

9. Father's Occupation, *knicker*

10. Father's Birthplace, *Baltimore md*

Name of Medical Attendant, or other Person who makes this Return *mrs Lydia Porter*

Address, *no 4 patpseo avenn*

Remarks, *healthy child*

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar, at or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

56274
JUN 23 1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Male 8th Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *May 19th 1882*
 4. Place of Birth (Street and Number) *Allegan East. Sharp & Dorem St.*
 5. Full Name of Mother *Allegan East.*
 6. Mother's Maiden Name *Henry East.*
 7. Mother's Birthplace *Mills Dealer*
 8. Full Name of Father *England*
 9. Father's Occupation
 10. Father's Birthplace
 Name of Medical Attendant, or other Person who made this Return.
John H. White M.D.
342 N. Broadway

Remarks

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

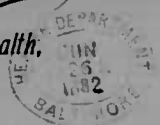
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and colour of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

56274

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 19th 1882

4. Place of Birth (Street and Number) S. W. Cor. Sharp & Down St.

5. Full Name of Mother Aligal East.

6. Mother's Maiden Name Ching

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry East.

9. Father's Occupation Milk Dealer

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. John P. White M.D.

Address 342 N. Broadway

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Core*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19 June 18 1882*

4. Place of Birth, (Street and Number) *No. 415 N. Fremont St.*

5. Full Name of Mother, *Lizzie Lubbock*

6. Mother's Maiden Name, *Spicker*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *Hermann Lubbock*

9. Father's Occupation, *Barber & Painter*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

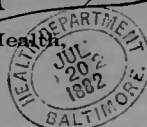
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56276

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(1st)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 19th 1882*
4. Place of Birth, (Street and Number) *14th Peter St*
5. Full Name of Mother, *M Clara L Simms*
6. Mother's Maiden Name, *" " Mitchell*
7. Mother's Birthplace, *city*
8. Full Name of Father, *Albert C Simms*
9. Father's Occupation, *Iron Maker*
10. Father's Birthplace, *Virg*
- Name of Medical Attendant, or other Person who makes this Return *Dr J H Baker*
- Address, *168 S Race St*
- Remarks,

RETURN OF A BIRTH 56277

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Mon
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return.

Address, Mate's mile Suspt. 161 W. Lombard St.

Remarks.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"I, at any physician, accouchent, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16278

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 15 1882

4. Place of Birth, (Street and Number) 90 Wane Street

5. Full Name of Mother, Louisa Green

6. Mother's Maiden Name,

7. Mother's Birthplace, Nett River Maryland

8. Full Name of Father, George Washington Green

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Burgundy City

Remarks,

year's Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 56279

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *June 20/82*
 4. Place of Birth (Street and Number) *2513 Battery Ave*
 5. Full Name of Mother *Georgianna*
 6. Mother's Maiden Name *Turner*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Thomas Bayley*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Maryland*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. W. Smith M.D.*
 Address *281 S. Charles St.*
 Remarks *7 months child*

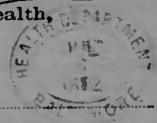
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20 June 1882

4. Place of Birth, (Street and Number)

Balto Washington St No 12

5. Full Name of Mother,

Bess Tamas

6. Mother's Maiden Name,

Bess Bodwar

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Frank Tamas

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this return

Max Raphael

Address,

69 Washington St Balto Md

Remarks,

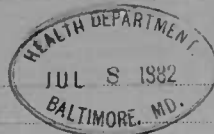
Max Raphael

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16281*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *June 30 1882*
 4. Place of Birth, (Street and Number) *Fredrick No 25*
 5. Full Name of Mother, *Sophia Sklowiski*
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, *Russia*
 8. Full Name of Father, *Abraham Sklowiski*
 9. Father's Occupation, *dressmaker*
 10. Father's Birthplace, *Russia*
 Name of Medical Attendant, or other Person who makes this Return *Mrs Bernstein*
 Address, *113 E. Lombard St.*
 Remarks, _____

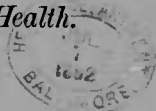
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56582

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) White

3. Date of Birth June 20 - 1882

4. Place of Birth (Street and Number) 103 S. Ann

5. Full Name of Mother Eliza Walters

6. Mother's Maiden Name Eliza Durham

7. Mother's Birthplace Baltimore City

8. Full Name of Father Mr. James Walters

9. Father's Occupation Saloon D

10. Father's Birthplace Penn.

Name of Medical Attendant, or other Person who makes this Return James E. Dorrill

Address 299 E. Baltimore Street

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56283

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 20th 1882.

4. Place of Birth, (Street and Number)

#305 Forrest St.

5. Full Name of Mother,

Mrs Fannie Fulton

6. Mother's Maiden Name,

Miss Fannie Burke

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Fulton

9. Father's Occupation,

Conductor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Wooden

Address,

120 Greenmount Ave

Remarks,

RETURN OF A BIRTH, 56284

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

(state whether male or female) Male

race or Color, (if not of the white race) white race

date of Birth June the 20th

place of Birth, (Street and Number) Baltimore Wyman's Corner

full Name of Mother Mary E. Raftery

father's Maiden Name Mary Sheridan

father's Birthplace Baltimore

full Name of Father Patrick Raftery

father's Occupation laborer

father's Birthplace Ireland

name of Medical Attendant, or other Person who makes this Return. Elizabeth Luthorn

address William St No 344

remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

72280

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 20th 1882

4. Place of Birth, (Street and Number)

No 127 York Street

5. Full Name of Mother,

Druwcillar Snell

6. Mother's Maiden Name,

Druwcillar Spence

7. Mother's Birthplace,

Somerset County Maryland

8. Full Name of Father,

Samuel Snell

9. Father's Occupation,

Long Shoremond

10. Father's Birthplace,

Howard County Maryland

Name of Medical Attendant,

or other Person who makes this Return

Millie Gross

Address,

No 12

Plum Alley

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *76 256*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Boys*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *geboren den 20ten June*

4. Place of Birth, (Street and Number) *N^o 214 S. Bittel Str*

5. Full Name of Mother, *Franciska Rabes*

6. Mother's Maiden Name, *Franciska Klug*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Manus Rabes*

9. Father's Occupation, *Handwerker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Friederike Kaufmann*

Address, *N^o 202 S. Dallas Str*

Remarks, *Hemme*



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56287

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth, June, the 20, 1882
4. Place of Birth, (Street and Number) E. Fayette St. 1st 163
5. Full Name of Mother, Annie Hart
6. Mother's Maiden Name, Annie Pottle
7. Mother's Birthplace, Balt^o City
8. Full Name of Father, Sampson Platt
9. Father's Occupation, Tinner
10. Father's Birthplace, Talchester County, Md., Maryland

Name of Medical Attendant, or other Person who makes this Return

Address, 1st Falls St. 1st 26

Remarks,

56288

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *16288*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 20 of Jan

4. Place of Birth, (Street and Number)

No 39 & Eager Bittel St

5. Full Name of Mother,

Kath Hoffmann

6. Mother's Maiden Name,

Kath Smide

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Smide

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mrs Christina Sauer

Address,

113 Hooper St

Remarks,

1882

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16289

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *20th of June*
4. Place of Birth, (Street and Number) *Balto. Plum Alley No 95*
5. Full Name of Mother, *Lear J. Hollis*
6. Mother's Maiden Name, *Lear J. Green*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Samuel Hollis*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Kent Island*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Anna Johnson*
- Address, *No 123 Plum Alley*
- Remarks,

"That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

52290

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 20th of June

4. Place of Birth, (Street and Number) 85 Oak St.

5. Full Name of Mother, Caroline Sands

6. Mother's Maiden Name, Joe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Leather Sands

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address 369 Cathedral St.

Remarks _____

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56291

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20 June 2 1882

4. Place of Birth, (Street and Number)

147 N. Street 4-

5. Full Name of Mother,

Mary Howes Kopp

6. Mother's Maiden Name,

Eden

7. Mother's Birthplace,

Pratt County

8. Full Name of Father,

Frederick Kopp

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Pratt County

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewster M.D.

Address,

68 McCulloch St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56 292*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 21st. 1882.*
 4. Place of Birth, (Street and Number) *No. 72. N. W. cor. E. Broad & Calver St.*
 5. Full Name of Mother, *Anna Everhardt*
 6. Mother's Maiden Name, *Anna Hardner*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Henry Everhardt*
 9. Father's Occupation, *Restaurant*
 10. Father's Birthplace, *Germany.*
 Name of Medical Attendant, or other Person who makes this Return *M. J. Gull*
 Address, *No. 185 S. E. cor. Central av. & Monument St.*
 Remarks, *All Well*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56293

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 20th 1882

4. Place of Birth, (Street and Number)

135 Stockholm Street

5. Full Name of Mother,

Mary Wright

6. Mother's Maiden Name,

Natry

7. Mother's Birthplace,

Baltimore Co.

8. Full Name of Father,

Crown Wright

9. Father's Occupation,

Miller

10. Father's Birthplace,

Howard County

Name of Medical Attendant, or other Person who makes this Return

Marshall

Address,

329 North Euter St.

Remarks,

Station



Correct Record of Vital Statistics in the City of Baltimore.

*That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56294

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 children*
 1. S. x, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *20 of June 1892*
 4. Place of Birth, (Street and Number) *No 115 Cross St*
 5. Full Name of Mother, *Mary Cathine*
 6. Mother's Maiden Name, *Mary Butler*
 7. Mother's Birthplace, *Pittsburg*
 8. Full Name of Father, *William Butler*
 9. Father's Occupation, *Brick Worker*
 10. Father's Birthplace, *Wheaton, Md*
 Name of Medical Attendant, or other Person who makes this Return *Lina Grisham*
 Address *1228 Mt St*
 Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16298*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Phil.

3. Date of Birth,

June 20th 1882

4. Place of Birth, (Street and Number)

No. 64 Rowe St.

5. Full Name of Mother,

Mrs. Catharine Hulbert

6. Mother's Maiden Name,

Miss Catharine Goose

7. Mother's Birthplace,

West River

8. Full Name of Father,

Charles Hulbert

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Anne Arundel County

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Garrett

Address,

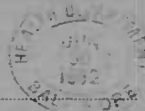
No. 65 Burke St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the father's name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56296

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st 1882
4. Place of Birth, (Street and Number) 321 E Pratt St
5. Full Name of Mother, Paulina Schioppa
6. Mother's Maiden Name, Martola
7. Mother's Birthplace, Italy
8. Full Name of Father, Francisco Schioppa
9. Father's Occupation, Ship Broker
10. Father's Birthplace, Italy
Name of Medical Attendant, or other Person who makes this Return, D W Gathen M D
Address, 213 Barclay
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16297

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 21st 1882

4. Place of Birth, (Street and Number)

No 2 Portugal alley.

5. Full Name of Mother,

Catherina Webb

6. Mother's Maiden Name,

"

Gill

7. Mother's Birthplace,

City

8. Full Name of Father,

George Webb
Laborer

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16298

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 21 1882

4. Place of Birth, (Street and Number)

437 W. Monument St

5. Full Name of Mother,

Mary M. Davidson

6. Mother's Maiden Name,

Mary M. Earley

7. Mother's Birthplace,

Schickler 2, Pa

8. Full Name of Father,

George Davidson

9. Father's Occupation,

Physician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. K. L. Campbell

Address,

121 W. Monument St

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

76299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 21st 1882

4. Place of Birth, (Street and Number)

82 Broadway Av

5. Full Name of Mother,

Rachael Hazlehurst

6. Mother's Maiden Name,

Rachael Kinsler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

A Hazlehurst

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. W. Hiltner

Address,

721 Walker Street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56300

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 21, '82

4. Place of Birth, (Street and Number)

N. W. Cor Bank & Central Ave.

5. Full Name of Mother,

Annie Campbell

6. Mother's Maiden Name,

Moore

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

David Campbell

9. Father's Occupation,

Barber

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

A. F. Ericks M.D.

Address,

95 Park Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 21 115 Spring 19

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Caroline Lesner

6. Mother's Maiden Name,

Leig

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John

9. Father's Occupation,

Driver

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Harold Cooper

Address,

22 E Lombard St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16302

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *N. 6*
1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *the 21 of Jan*
4. Place of Birth, (Street and Number)..... *No 171 Anson St*
5. Full Name of Mother,..... *Susana Kotal*
6. Mother's Maiden Name,..... *Inaana Schöffer*
7. Mother's Birthplace,..... *Germany*
8. Full Name of Father,..... *Mrs Schöffer*
9. Father's Occupation,..... *Cap not made*
10. Father's Birthplace,..... *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Mrs Christina*

Remarks, *Jan 113 Schöffer 1882*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16303*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child
a Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 21st 1889

4. Place of Birth, (Street and Number)

No 17 Puttigns alley
Franciska Schwarz

5. Full Name of Mother,

Larzarzeefsky

6. Mother's Maiden Name,

German

7. Mother's Birthplace,

Edward Schwarz

8. Full Name of Father,

Laborer

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Sobocasser midwife
330 Hanover st.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56304

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Catharine Helron
AUG 3 1882
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7 Seven

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Color

3. Date of Birth

June the 21

4. Place of Birth (Street and Number)

Pairally no 1

5. Full Name of Mother

Emily Ann Steiner

6. Mother's Maiden Name

Harlowe Maryland

7. Mother's Birthplace

B Maryland

8. Full Name of Father

George Neward

9. Father's Occupation

Labor

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Luifer Helron

Address

No 27 Union St

Remarks

Sickly Born could not write no name
come count of the mother

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56305

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

21st June 1882

4. Place of Birth, (Street and Number)

166 montgomery

5. Full Name of Mother

Annie Watson Bowman

6. Mother's Maiden Name,

Annie Watson

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Philip E. Bowman

9. Father's Occupation,

Glass Blower

10. Father's Birthplace,

Balt

Name of Medical Attendant,

or other Person who makes this Return

J. W. Webster M.D.

Address,

57 Barrett

Remarks,

RETURN OF A BIRTH 56306

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) -
2. Race or Color, (if not of the white race) - White
3. Date of Birth, June 21, 1902
4. Place of Birth, (Street and Number) - 10 E. 1st St.
5. Full Name of Mother - Mathiasine Wiles
6. Mother's Maiden Name - Mathiasine Wiles
7. Mother's Birthplace - Bremen, Prussia, Germany
8. Full Name of Father - Mathias Wiles
9. Father's Occupation - Laborer
10. Father's Birthplace - Bremen, Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 1400 S. 1st St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16307

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 22 1882

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56308

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 22nd 1882

4. Place of Birth, (Street and Number)

N 12 Price's Court

5. Full Name of Mother,

Martina Owens

6. Mother's Maiden Name,

Martina Smith

7. Mother's Birthplace,

Waldo Md

8. Full Name of Father,

Charles Owens

9. Father's Occupation,

Scolar

10. Father's Birthplace,

West River

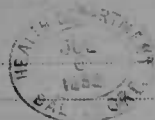
Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

N 5 Forrest st

Remarks,



16309

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 22d 82

4. Place of Birth (Street and Number)

345 N Gay

5. Full Name of Mother

Amelia Grace Graham
Kirkland

6. Mother's Maiden Name

Blake

7. Mother's Birthplace

8. Full Name of Father

Henry Gordon Graham
Shoe Manufacturer

9. Father's Occupation

10. Father's Birthplace

Blake

Name of Medical Attendant, or other Person who makes this Return.

James Miller M.D.
179 E Monument St

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

76410

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY,



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22, 1902

4. Place of Birth, (Street and Number) Gilman St. 19349

5. Full Name of Mother, Mary E. Hutton

6. Mother's Maiden Name, Mary E. Hutton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George E. Hutton

9. Father's Occupation, Police

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, 1212 E. 1st St.

Remarks,

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar abroad, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁶³¹¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white race*
3. Date of Birth, *Thursday 22 June*
4. Place of Birth, (Street and Number) *Gold's Alley Bg*
5. Full Name of Mother, *Ann Ellen Hepkins*
6. Mother's Maiden Name, *Ann Ellen McKeon*
7. Mother's Birthplace, *Bethesda Baltimore*
8. Full Name of Father, *Andrew Hepkins*
9. Father's Occupation, *labourer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *Ann Thornton*

Remarks, *My Byrd Street South Baltimore*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

16312

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 42

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 22nd 1882

4. Place of Birth, (Street and Number) No 122 Low st

5. Full Name of Mother Lena Roerner

6. Mother's Maiden Name Lena Hoffman

7. Mother's Birthplace Germany

8. Full Name of Father John Roerner

9. Father's Occupation Painter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Heston

Address 1824 Monument st

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56313

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth June 22, 1882
 4. Place of Birth, (Street and Number) No 62 E Biddle St
 5. Full Name of Mother Augusta Gocke
 6. Mother's Maiden Name Augusta Schwalenhouse
 7. Mother's Birthplace Germany
 8. Full Name of Father H. Gocke
 9. Father's Occupation Painter
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this return. Lena Kullback
 Address 182 E Mosman St
 Remarks _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16314

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 20th 1882

4. Place of Birth, (Street and Number)

484 Grandall St

5. Full Name of Mother,

Mary E. Lougher

6. Mother's Maiden Name,

Mary E. Fischer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James W. Lougher

9. Father's Occupation,

Boiler Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. A. Cottrell

Address,

324 Light St

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16315

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *June 22nd*
4. Place of Birth (Street and Number) *No 5 Riborg St.*
5. Full Name of Mother *Emma Pratt*
6. Mother's Maiden Name *Emma Mason.*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert Pratt.*
9. Father's Occupation *Master*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *J. H. Starn M.D.*
- Address *No 58 St Liberty St.*
- Remarks

Hogakich

RETURN OF A BIRTH, 16316

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
 (state whether male or female) Male
 Race or Color, (if not of the white race) white
 Date of Birth June the 22
 Place of Birth, (Street and Number) Baltimore Charles St No 536
 Full Name of Mother Ida Johnson
 Mother's Maiden Name Ida Wells
 Mother's Birthplace Baltimore
 Full Name of Father William Johnson
 Father's Occupation laborer
 Father's Birthplace Virginia
 Name of Medical Attendant, or other Person who made this Return. Elizabeth Pollock
 Address William St No 244
 Remarks

Return of Birth of Child in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 22nd 1892
J. E. Len Finedy

4. Place of Birth, (Street and Number)

Highland, born in Ireland

5. Full Name of Mother,

No 340 Hanover st

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Michael Finedy

9. Father's Occupation,

laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife
330 Hanover st

Address.

Remarks,

RECEIVED BY THE CITY OF BALTIMORE

"That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56318

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

first

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

9.2 of June

4. Place of Birth, (Street and Number)

101 Hull st

5. Full Name of Mother,

Sophia Holmes

6. Mother's Maiden Name,

Sophia Jones

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Marcellus Holmes

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Martinsburg Va

Name of Medical Attendant, or other Person who makes this return

Milly Cross

Address,

12 Plum Alley

Remarks,

Supplies Department of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16219

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



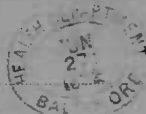
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex, (state whether male or female) *female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Aug 22^d of June 1882.*
4. Place of Birth, (Street and Number) *No. 144 Druidhill ave.*
5. Full Name of Mother, *Deira Bauman.*
6. Mother's Maiden Name, *" " Gaa.*
7. Mother's Birthplace, *Schnottenbach Beiren*
8. Full Name of Father, *Joseph Bauman*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *B. wipaw. Beiren*
- Name of Medical Attendant, or other Person who makes this Return *Anna Linsen*
- Address, *No. 425 S. E. corner.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

16320

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22 June

4. Place of Birth, (Street and Number)

No 387 Orleans St.

5. Full Name of Mother,

Gertha Schmidt

6. Mother's Maiden Name,

Pitz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Theodore Schmidt

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Sophia Simon

Address,

No 70 Grady St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

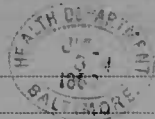
RETURN OF A BIRTH

56321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: Andrew Jackson Hobbs



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 16th June

4. Place of Birth, (Street and Number) 355 Cathedral St.

5. Full Name of Mother, Ida Hobbs.

6. Mother's Maiden Name, Edwards.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Hobbs.

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address, 369 Cathedral St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16.722

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st-
Male
White

2nd
J. C. Eager - McKim
Mary Glen
Jordan
Ireland
Wm Glen
Grocer -
Ireland

Wm Whiteidge

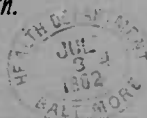
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56323

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *A Male*

2. Race or Color (if not of the white race) *Colord*

3. Date of Birth *June the 22*

4. Place of Birth (Street and Number) *No 331 North Howard st*

5. Full Name of Mother

6. Mother's Maiden Name *Annie Bell Robinson*

7. Mother's Birthplace *Hagerstown Md*

8. Full Name of Father *John Henry Durham*

9. Father's Occupation *Walter*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Lucia Cornish*

Address *Fordum Alley*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5652d

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd 1882.
4. Place of Birth, (Street and Number) No. 300 Greenmount av.
5. Full Name of Mother, Sarah Justin
6. Mother's Maiden Name, Sarah Mooney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Justin
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return M. V. Butt
- Address, No. 185 E. cor. Centre av. V. Monument St.
- Remarks, See bill

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, secourcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16528

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 23 '82
366 E Fayette St
Laura V Rizer

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Kener

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

John H Rizer

8. Full Name of Father,

John Rizer

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mary A Muel

Address, 284 N Tenney St

Remarks,



REPORTS OF THE BOARD OF VITAL STATISTICS TO THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56326

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 22nd 1889

4. Place of Birth, (Street and Number)

Matteson St. No 161 W. Lombard

5. Full Name of Mother,

Ella Hicks

6. Mother's Maiden Name,

unknown

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

-

9. Father's Occupation,

-

10. Father's Birthplace,

2

Name of Medical Attendant, or other Person who makes this Return

Dr. Wm. Duluth Phelps

Address,

Matteson St. No 161 W. Lombard

Remarks,

Illegitimate

What any Physician, accoucheur, midwife, or other persons in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56327

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth (8)*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *22 June 1882*
4. Place of Birth, (Street and Number) *E Monument St*
5. Full Name of Mother *Elizabeth A Bryan*
6. Mother's Maiden Name *Elizabeth A Perry*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Geo W Bryan*
9. Father's Occupation *House Carpenter*
10. Father's Birthplace *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return. *Amanda Marini*
- Address *278 E Monument St*
- Remarks *Balto City*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22 of June 1902*

4. Place of Birth, (Street and Number) *No 221 William St*

5. Full Name of Mother, *Anna Frank*

6. Mother's Maiden Name, *Anna Ginkles*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Frank*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Detroit Michigan*

Name of Medical Attendant, or other Person who makes this return *Dr. J. W. H. H. H.*

Address, *No 123 West St*

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

16329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

June 23/82



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June, the 23, 1882
4. Place of Birth, (Street and Number) W. Lombard St. 3126
5. Full Name of Mother, Louise Kaufmann
6. Mother's Maiden Name, Louise Musencheim
7. Mother's Birthplace, Zimmern, H. Prussia, Austria, Europe
8. Full Name of Father, Isaac Kaufmann
9. Father's Occupation, Buller's hol. maker
10. Father's Birthplace, Homburg, Prussia, Europe

Name of Medical Attendant, or other Person who makes this Return

Address, N. Dallas St. 1526

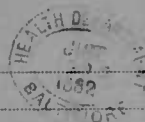
Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

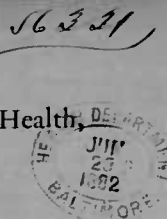


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 5*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 23rd of 1882*
4. Place of Birth, (Street and Number) *No 251 1/2 South Dallas St*
5. Full Name of Mother, *Lara J. Rayner*
6. Mother's Maiden Name, *Lara J. Peterson*
7. Mother's Birthplace, *Land Co. N.Y.*
8. Full Name of Father, *Edward Rayner*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *or other Person who makes this Return* *Mrs Mary Dorman*
- Address, *No 335 Eastern Ave*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Male
colored
June 23, 1882
No 12, pacca street
Lisa Dixon
Lisa Bailley
Ester Shore Virginia
Levi Dixon
Graymond
Dorchester county est. shae
Catharine Jones
340 cross street
X

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 56852

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth June 23^d 1882
 4. Place of Birth (Street and Number) 198 Saratoga St
 5. Full Name of Mother Mary V. Wylie
 6. Mother's Maiden Name " " Simpson
 7. Mother's Birthplace Balto
 8. Full Name of Father W^m A. Wylie
 9. Father's Occupation Corn Merchant
 10. Father's Birthplace Balto
 Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.
 Address 39 N. Carey St.
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16333

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 20d 1882
4. Place of Birth, (Street and Number) 233 Bolton
5. Full Name of Mother Hellen Bliser Appold
6. Mother's Maiden Name Hellen Bliser Carter
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Henry Appold
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. R. C. Johnson
- Address 146 Park St
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56334

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22nd June*
4. Place of Birth (Street and Number) *122 Light St*
5. Full Name of Mother *Elizabeth Hugg*
6. Mother's Maiden Name *Elizabeth Hugg*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *George Hugg*
9. Father's Occupation *Butcher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Hugg*
- Address *122 Light St*
- Remarks *Living well*

RETURN OF A BIRTH 56335A

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

56358

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Corrected Record of Vital Statistics in the City of Baltimore.

"That any physician, sequecheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56336

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

23^d of June 1882

4. Place of Birth, (Street and Number).

57 N. Central Av.

5. Full Name of Mother.

Lizzie D. Koetting

6. Mother's Maiden Name,

Lizzie D. Wagner

7. Mother's Birthplace,

61 N. Central Av. Baltimore Md.

8. Full Name of Father,

William F. P. Koetting

9. Father's Occupation,

Sailor

10. Father's Birthplace.

Germany

Name of Medical Attendant,

or other Person who makes this Return

Charles W. D. Johnson

Address,

128 N. Franklin Baltimore

Remarks,

RETURN OF A BIRTH

56237

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

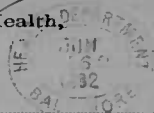
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 11 Child

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born the 13 of June

4. Place of Birth, (Street and Number)

No 4 Spruce Alley

5. Full Name of Mother,

Wilhelmine Grissman

6. Mother's Maiden Name,

Wilhelmine Leck

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Edward Grissman

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Mrs. Frederick Hausman

Address,

No 202 North Dallas Street.

Remarks,

REPORT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16338

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday 23 June. 1882

4. Place of Birth, (Street and Number)

514 Canton avenue

5. Full Name of Mother,

Elisba Witel

6. Mother's Maiden Name,

Elisba Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Witel

9. Father's Occupation,

Tinner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Louisa Wiley

Address,

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16319

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female).

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 23 1882

4. Place of Birth, (Street and Number)

384 E. Baltimore

5. Full Name of Mother,

Barbara Collessen

6. Mother's Maiden Name,

Barbara Eichorn

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry C. Collessen

9. Father's Occupation,

clerk

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

A. M. Schroeder, M.D.

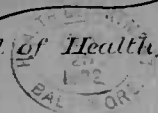
Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *23 of June*
4. Place of Birth, (Street and Number) *Heidelbergtown*
5. Full Name of Mother, *Mary Eckenbeken.*
6. Mother's Maiden Name, *= Möler*
7. Mother's Birthplace, *Heidelbergtown*
8. Full Name of Father, *Ferdinand Eckenbeken*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Hammes (Germ)*
- Name of Medical Attendant, or other Person who makes this Return. *E. Reinken*
- Address, *Midwife*
- Remarks, *54 Essex St.*

RETURN OF A BIRTH

56341

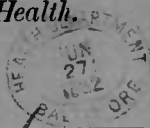
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 56341

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

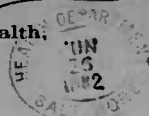


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth born on the 23rd of June 1892
4. Place of Birth, (Street and Number) 323 W. Lombard St.
5. Full Name of Mother Anna Valbert
6. Mother's Maiden Name E. Schaffer
7. Mother's Birthplace born in this city
8. Full Name of Father William Valbert
9. Father's Occupation Dealer in Groceries and Provisions
10. Father's Birthplace born in this city
- Name of Medical Attendant, or other Person who makes this Return. Miss Miller
- Address 1017 W. Pratt St.
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

23rd. of June

4. Place of Birth, (Street and Number)

40 S. Jefferson

5. Full Name of Mother,

Rebecca Templeman

6. Mother's Maiden Name,

Rebecca Mc. Roy

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

M. J. Templeman

9. Father's Occupation,

Porter

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

Nancy Walter

Address,

125 N. Caroline St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56343

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

First
Alfred
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 23 1886

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Bridget Kearney

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

8. Full Name of Father,

William

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Wm Delosh M.D.

Address, Maternity Hospital 161 W. Lombard St

Remarks,

Illegitimate

OFFICE RECORD OF THE CITY OF BALTIMORE.

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or
vice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56344

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name - *Sallie Eugenia*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*



1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 24, - 1888*
4. Place of Birth, (Street and Number) *E. Ball St. 19 240*
5. Full Name of Mother, *Maggie E. Meriken*
6. Mother's Maiden Name, *Maggie E. Kipstein*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harry Meriken*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Miller*

Address, *Ball St. 19 240*

Remarks,

RETURN OF A BIRTH 56345

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first Child*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white race*
 3. Date of Birth, *Sunday 24 June*
 4. Place of Birth, (Street and Number) *1115 cross st*
 5. Full Name of Mother, *Margaret Clinton*
 6. Mother's Maiden Name, *Margaret Clinton*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Joseph Higgins*
 9. Father's Occupation, *Shipwright*
 10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Ann Thornton 19 Ryd Street*
 Address, *South Baltimore*
 Remarks, _____



That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Return of a Birth, submitted in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56345

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first Child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white race*

3. Date of Birth, *Sunday 24 June*

4. Place of Birth, (Street and Number) *1155 cross St*

5. Full Name of Mother, *Margaret Chilton*

6. Mother's Maiden Name, *Margaret Chilton*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Rogers*

9. Father's Occupation, *Shipsmith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Ann Thornton 11 Byrd Street*

Address *South Baltimore*

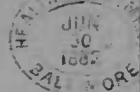
Remarks



RETURN OF A BIRTH *56346*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 6th Child

1. Sex, (state whether male or female)..... male

2. Race or Color, (if not of the white race) Colored

3. *Date of Birth*, 24/8/1914

4. *Place of Birth, (Street and Number)* 123 North Main

5. Full Name of Mother, Loelia Lido

6. Mother's Maiden Name, Rebecca A. H. H. H.

7. Mother's Birthplace, Somerset County

8. Full Name of Father, John F. De...

9. Father's Occupation, Minister

10. Father's Birthplace, Home Stein Co. County

Name of Medical Attendant, or other Person who makes this Return. Mr. Susan Morgan

Address, No 41 North Dutham

arks

Return of a Birth

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act as at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56347

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 24th 1882

4. Place of Birth, (Street and Number)

No 66, Laidenhall st.
Baltimore, Md.

5. Full Name of Mother,

Graenzor

6. Mother's Maiden Name,

America

7. Mother's Birthplace,

8. Full Name of Father,

Pancratius Walter

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwassat, midwife
330 Thacker st.

Address.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56348

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16th of June*
4. Place of Birth, (Street and Number) *No. 4 Anthony St*
5. Full Name of Mother, *Amy Abage Dofler*
6. Mother's Maiden Name, *Amy Abage Dofler*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Dofler*
9. Father's Occupation, *Wheelright*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *or other Person who makes this Report.* *Mrs. Christina Jauer*
- Address, *175 Harper St.*
- Remarks, *1882*

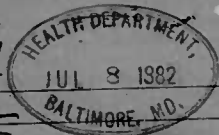
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56349

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE, CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 24/82

4. Place of Birth, (Street and Number) 81 Penna. Avenue

5. Full Name of Mother Fannie Schoeneman

6. Mother's Maiden Name Wurtzberger

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Isaac Schoeneman

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N Greene

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56250

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Ther
Males
white
June 24 - 82
412 Lexington
Josephine Hackman
Barlag
Baltimore
Lewis Hackman
Clerk
Baltimore
W. F. H. H. H.
55 N. Green St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1631

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, dec.) *third*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *June 21*

4. Place of Birth, (Street and Number) *157 York St*

5. Full Name of Mother, *Charlotte Morris*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Marionburg*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *No 12 plum ally*

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56252*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



June 24 1882
St. Paul's No. 23
Winnifred Branch
St. Thomas
Balt
John Branch
Brick Layer
Balt
Mr. L. E. Zwick
St. Paul's No. 41

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56358

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

18th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 24, '82

4. Place of Birth, (Street and Number)

126 S. Chester St.

5. Full Name of Mother,

Bridget King

6. Mother's Maiden Name,

Brennan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Stephen King

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

George A. Bone

Address,

90 Park Ave

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16354*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female 3d

1. Sex, (state whether male or female)

11

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 24th

4. Place of Birth, (Street and Number)

135 Regester St

5. Full Name of Mother,

Emma Warner

6. Mother's Maiden Name,

Brooks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

Abraham Casper

Address,

22 S Lombard St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 24th 1882.*
 4. Place of Birth, (Street and Number) *1016 Monument St.*
 5. Full Name of Mother, *Mary Smith*
 6. Mother's Maiden Name, *Mary (Doan) Twomey*
 7. Mother's Birthplace, *Ireland*
 8. Full Name of Father, *Henry J. Smith*
 9. Father's Occupation, *Walter*
 10. Father's Birthplace, *Ireland*
 Name of Medical Attendant, or other Person who makes this Return *H. J. Butt.*
 Address, *No. 185 S. E. Cor. Central av. & Monument St.*
 Remarks, *All well* Name of Child: *Henry Smith*

RETURN OF A BIRTH 16306

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) ~~female~~ male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 24 June

4. Place of Birth, (Street and Number) Wilcom Aly no 80

5. Full Name of Mother, Sarah pulit

6. Mother's Maiden Name, pulist

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, John pulit

9. Father's Occupation, Laborer

10. Father's Birthplace, Western Shore

Name of Medical Attendant, or other Person who makes this Return A. Wilson

Address, Cross Street 3008

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within five days thereafter, stating distinctly the date of birth, sex and color of the child or children born, &c. or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *16357*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 24 1892*

4. Place of Birth, (Street and Number) *97 Stearns St*

5. Full Name of Mother, *Louisa Schorick*

6. Mother's Maiden Name, *Bump*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Chas Schorick*

9. Father's Occupation, *Plano Maker*

10. Father's Birthplace, *Berlin Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr J S Blake*

Address, *168 S. Spaan*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White - John

3. Date of Birth,

June 24th 1882

4. Place of Birth, (Street and Number)

Seana Schrier (Magdalena Schreyer)

5. Full Name of Mother,

No. 520. N. Washington St.

6. Mother's Maiden Name,

Seana Eidmann (Magdalena Eidmann)

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Schrier John Leonard Schreyer

9. Father's Occupation,

Baker

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

M. F. Bull

Address, No. 185. S. C. cor. Central av. & Monument St.

Remarks, All Well.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1627

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... *5^a*

1. Sex, (state whether male or female) ... *Female*

2. Race or Color, (if not of the white race) ... *white*

3. Date of Birth, ... *June 26th 1882*

4. Place of Birth, (Street and Number) ... *265 Cross Street*

5. Full Name of Mother, ... *Mary Pauline Cleiren Bossy*

6. Mother's Maiden Name, ... *Mary Pauline Cleiren*

7. Mother's Birthplace, ... *Lille French*

8. Full Name of Father, ... *Joseph Bossyns*

9. Father's Occupation, ... *mason*

10. Father's Birthplace, ... *Santuliet Belgique*

Name of Medical Attendant, or other Person who makes this Return ... *Jefferson Munn*

Address, ... *Luxemburg St.*

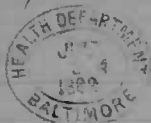
Remarks, ...

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7. 5. 60

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *2^d*
1. Sex, (state whether male or female)... *Female*
2. Race or Color, (if not of the white race)...
3. Date of Birth, *June 24th 1882*
4. Place of Birth, (Street and Number) *224 Eastern Ave*
5. Full Name of Mother, *Margaret Brown*
6. Mother's Maiden Name, *Heinsbuck*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Henry Brown*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Betz*
- Address, *120 Bank St*
- Remarks,

NOTE: - Physicians, accouchants, midwives, or other persons in charge, who shall attend, assist, or

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56361

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th child
male
colored



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 24th

4. Place of Birth, (Street and Number)

no. 8 recess alley

5. Full Name of Mother,

Sarah Beemer

6. Mother's Maiden Name,

Sarah Nicholas

7. Mother's Birthplace,

Colbert County

8. Full Name of Father,

Rafe Beemer

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Lydia Potter

Address,

no 4 patpsco avenue

Remarks,

healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16362

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ..

3. Date of Birth,

June 24 '82
148 Biddle St.
Brewery & 2nd Street
Baltimore

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Rever
Baltimore
Jas. H. Worthington
Painter
Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, 241 N. Donoghue St

Mary A. Allwell

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

12363 60

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 24 1882

4. Place of Birth, (Street and Number)

46 S Broadway

5. Full Name of Mother,

Rosa Smith

6. Mother's Maiden Name,

Rosa Fox

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Levy Smith

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. B. Woodcock

Address,

Remarks,

Return of a Birth in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

76364



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male ☒ Female)

2. Race or Color (if not of the white race)

3. Date of Birth 24th of June

4. Place of Birth (Street and Number) 3861 Baltimore St.

5. Full Name of Mother Mary Anna Kratzenstein

6. Mother's Maiden Name Mary Guenter

7. Mother's Birthplace Detroit, Mich. Baltimore Md.

8. Full Name of Father Johan Henry Kratzenstein

9. Father's Occupation Carpenter

10. Father's Birthplace Fayette St. Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Edw. J. Proctor M.D.

Address 119 Hanover St.

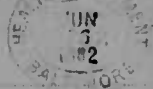
Remarks None

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, DEPT. OF HEALTH
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female - female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th of June

4. Place of Birth, (Street and Number)

378 E. Enoch St.

5. Full Name of Mother

Catherine Burdner

6. Mother's Maiden Name,

Catherine Brinn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. Burdner

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mary Walter

Address,

120 W. Caroline

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

16366

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June the 24 1888

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or
be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56367

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 26, 1894

4. Place of Birth, (Street and Number)

E. Dallas St. No. 194

5. Full Name of Mother,

Mandy Schlereth

6. Mother's Maiden Name,

Mandy Lenz

7. Mother's Birthplace,

Booths County, H. Pennsylvania U.S.

8. Full Name of Father,

Joseph Schlereth

9. Father's Occupation,

Bastard maker

10. Father's Birthplace,

Baldv City

Name of Medical Attendant, or other Person who makes this Return

Harry E. Miller

Address,

E. Dallas St. No. 26

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56368

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

1 female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June the 25 1892

4. Place of Birth, (Street and Number)

48 parish St Bal

5. Full Name of Mother,

Amely Straus

6. Mother's Maiden Name,

Amely Meier

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George H Straus

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Catonsville

Name of Medical Attendant, or other Person who make this Return

Wm S Kelly

Address.

112 Pratt St Bal

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56569*

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first one.*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June, 25th*

4. Place of Birth, (Street and Number) *No 88 Fort Ave. Baltimore Md.*

5. Full Name of Mother, *Johanna Wilhelmine Annie Frieselt.*

6. Mother's Maiden Name, *" " " Schmidt.*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Albert Herrmann Frieselt.*

9. Father's Occupation, *Cabinetmaker*

10. Father's Birthplace, *Danzig, Germany.*

Name of Medical Attendant, or other Person who make this Return *Raffaello M. M. M.*

Address, *1400 14th St.*

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *5657A*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

*June 25
64 Park Ave.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

*Mary Dischinger
Mary Schere*

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

*Pius Dischinger
Baker*

9. Father's Occupation,

10. Father's Birthplace,

Landshausen, Baden.

Name of Medical Attendant, or other person who make this Return

Mrs. Linniger

Address,

No. 60 Schenck St.

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56371

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 25 Decr 1882

4. Place of Birth, (Street and Number) 54 E Pratt St.

5. Full Name of Mother, Emma Link

6. Mother's Maiden Name, "Hamburg

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John A. Link

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 East Pratt

Remarks, Balto. Md

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, June 23rd 1892
- Place of Birth, (Street and Number) 375 E. Balto. St.
- Full Name of Mother, Anna Rowe Pleasants
- Mother's Maiden Name, Cross
- Mother's Birthplace, City
- Full Name of Father, Samuel Smoot Pleasants
- Father's Occupation, Lawyer
- Father's Birthplace, Washington D.C.
- Name of Medical Attendant, or other Person who makes this Return. C. P. Jones M.D.
- Address, 375 E. Balto. St.
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, ...

23rd June

4. Place of Birth, (Street and Number)

54 S. High St.

5. Full Name of Mother,

Margaret Kergesheimer Johnston
Burgess

6. Mother's Maiden Name,

7. Mother's Birthplace,

City
John Johnston
Clark

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

City
C.P. Cross M.D.

Name of Medical Attendant, or other Person who makes this Return.

Address,

* 275 E. Balt. St.

Remarks,

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *25 June*
4. Place of Birth, (Street and Number) *Warner St 194*
5. Full Name of Mother, *Nettie Cashner*
6. Mother's Maiden Name, *Smith*
7. Mother's Birthplace, *St Louis*
8. Full Name of Father, *James Charles Cashner*
9. Father's Occupation, *glass blower*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *D. Wilson*
- Address *Cross St 3068*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1637/1

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 25th 1882

4. Place of Birth, (Street and Number)

No 75 Cambridge St

5. Full Name of Mother,

Mary Sibi'ski

6. Mother's Maiden Name,

" Poland

7. Mother's Birthplace, ...

City

8. Full Name of Father.

Alex Sibi'ski

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Bey

Address,

120 Bank St.

Remarks,



correct return of vital statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16276

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25th 1882

4. Place of Birth, (Street and Number) 6 Park St

5. Full Name of Mother, Elizabeth Rittenhouse

6. Mother's Maiden Name, Elizabeth R. Adams

7. Mother's Birthplace, England

8. Full Name of Father, Albert F. Rittenhouse

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. J. H. L. L. L.

Address, 121 W. Lemon St.

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56277

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

June 25

4. Place of Birth, (Street and Number)

no 38 King St

5. Full Name of Mother,

Francis Alcon

6. Mother's Maiden Name,

Francis Alcon

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

georg holman

9. Father's Occupation,

labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Lydia Porter

Address,

no 4 pat's co avenue

Remarks,

healthy child

fect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56578

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether male or female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth June 25th 1882
 4. Place of Birth (Street and Number) No 12 Whitcomb St.
 5. Full Name of Mother Susan M. Jannary
 6. Mother's Maiden Name Susan M. Conrad
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Wm. H. Jannary
 9. Father's Occupation Stone Cutter
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Miss Martha Moore Midwife
 Address No 7. Stockton Alley
 Remarks All well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16379

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 25th 1882

4. Place of Birth, (Street and Number)

Baltimore Parkin^g St N^o 118

5. Full Name of Mother,

Mary Summers,

6. Mother's Maiden Name,

Bess.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Summers.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o 58 Parkin^g St

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address.

Remarks,

6th Child
Male
JUN 28 1882
BALTIMORE

June 25th 1882

110 Hampshire St

Elisabeth Skuler

Duram

America

John Schurer

Cigar maker

America

J. Schwasser midwife

350 Concord St

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 25th 1882

4. Place of Birth, (Street and Number)

273 Argyle Ave.

5. Full Name of Mother

Edize Annie Mifflin

6. Mother's Maiden Name.

Perry

7. Mother's Birthplace,

Tennessee

8. Full Name of Father

Wm B. Mifflin

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Tennessee

Name of Medical Attendant, or other Person who makes this Return

Dr. Christian M. P.

Address,

431 Penn. Ave.

Remarks.

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist, or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56382

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, ...

June 25-1882

4. Place of Birth, (Street and Number)

117 ... St.

5. Full Name of Mother, ...

Miller

6. Mother's Maiden Name, ...

Bear

7. Mother's Birthplace, ...

8. Full Name of Father, ...

Joseph Miller

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant,

or other Person who
makes this Return

Address, ...

Remarks, ...

Return of Birth Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

52383

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 25th 1882

4. Place of Birth, (Street and Number)

154 West St.

5. Full Name of Mother,

Mary Tapp

6. Mother's Maiden Name,

Schirhardt

7. Mother's Birthplace,

America

8. Full Name of Father,

James Tapp

9. Father's Occupation,

American

10. Father's Birthplace,

Spencer

Name of Medical Attendant, or other Person who makes this Return

J. Schwassir midwife

Address,

330 Hanover St.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

163824

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 25th 82

4. Place of Birth (Street and Number)

101 Royal Hill, (Armed St. Park)

5. Full Name of Mother

Mamie Bailey

6. Mother's Maiden Name

Mary Pickett

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Geo. W. Bailey

9. Father's Occupation

Engineer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. M. L. M. D.
51.20 Calver St.

Address

Remarks

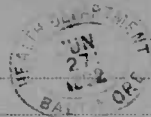
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16588*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd for Lind*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *geboren den 25^{ten} June*
 4. Place of Birth, (Street and Number) *N^o 272 Broadway*
 5. Full Name of Mother, *Bertha Walter*
 6. Mother's Maiden Name, *Bertha Reinheimer*
 7. Mother's Birthplace, *England*
 8. Full Name of Father, *Emil Walter*
 9. Father's Occupation, *Urmacher*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
 Address, *N^o 202. S. Dulles St*
 Remarks, *Hemmle*



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or who at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Kind*

1. Sex, (state whether male or female) *Mädchen*

2. Race or Color, (if not of the white race) *Weiß*

3. Date of Birth, *geboren den 25^{ten} June*

4. Place of Birth, (Street and Number) *N^o 47. Friederike Str*

5. Full Name of Mother, *Made Ermes*

6. Mother's Maiden Name, *Baltimore*

7. Mother's Birthplace, *Unerklikt*

8. Full Name of Father, *Unerklikt*

9. Father's Occupation, *Unerklikt*

10. Father's Birthplace, *Unerklikt*

Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*

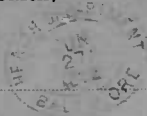
Address. *N^o 203 S. Dolores Str*

Remarks. *Heim*

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 20 1882

4. Place of Birth, (Street and Number)

165 W. Lombard Maternity Hosp

5. Full Name of Mother,

Jessie Carlton

6. Mother's Maiden Name,

Virginia

7. Mother's Birthplace,

8. Full Name of Father,

William

9. Father's Occupation,

10. Father's Birthplace,

St. P. M. & L. L. L. Co. Bk.

Name of Medical Attendant, or other Person who makes this Return

Address,

Maternity Hosp 165 W. Lombard St

Remarks,

Illegitimate

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 76388

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child.*
 1. Sex, (state whether male or female) *Girl.*
 2. Race or Color, (if not of the white race) *White.*
 3. Date of Birth, *26 of June 1882.*
 4. Place of Birth, (Street and Number) *183 Bank Street.*
 5. Full Name of Mother, *Susan Schroarphoe.*
 6. Mother's Maiden Name, *Susan Lotz.*
 7. Mother's Birthplace, *Germany.*
 8. Full Name of Father, *Michael Lotz.*
 9. Father's Occupation, *Carpenter and Plumber.*
 10. Father's Birthplace, *Germany.*
 Name of Medical Attendant, or other Person who make this Return *Cecilia Kunkel*
 Address, *71 North Chappel Street per Justina Kunkel.*
 Remarks, *Healthy.*

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16389

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Malatto

3. Date of Birth,

June 26th

4. Place of Birth, (Street and Number)

170 York St

5. Full Name of Mother,

Fannie Robertson

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

City

8. Full Name of Father.

Benjamin Roberts

9. Father's Occupation,

Servant

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

A. M. Belt, M.D.

Address,

S. W. Lee + Son, Sts.

Remarks,

Red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.
Address
Remarks

16390
 Son. Boy. Child
 White
 June 26
 206 N. Fayette St
 Maggie A. Alexander
 Maggie Trigg
 Balt Co Md.
 A. R. Alexander
 Farmer
 Maryland
 121 N. E. ap
 55400 Fayette St
 City

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56291

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 26 June

4. Place of Birth, (Street and Number) 146 1/2 Eden st.

5. Full Name of Mother, Jennie Stocke's

6. Mother's Maiden Name, Pitson

7. Mother's Birthplace, Balt

8. Full Name of Father, Edwin Stocks

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Albright

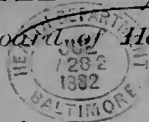
Address, 45 E. and 1st St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 26/82

4. Place of Birth, (Street and Number)

203 E. Pratt St.

5. Full Name of Mother,

Catharine M. Coy

6. Mother's Maiden Name,

" Goob

7. Mother's Birthplace,

Bald. City

8. Full Name of Father,

Alex. M. Coy

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Canada

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

8. That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex (state whether Male or Female)

Male
white

2. Race or Color (if not of the white race)

3. Date of Birth

June 26th 1882

4. Place of Birth (Street and Number)

125 N. Calhoun St

5. Full Name of Mother

Olivia James Correll

6. Mother's Maiden Name

" " Laurensen

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

James W. Correll

9. Father's Occupation

clerk

10. Father's Birthplace

Winchester Virginia

Name of Medical Attendant, or other Person who makes this Return.

James E. Hibbons M.D.

Address

47 Edmondson Ave

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56294

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 26 1882

4. Place of Birth, (Street and Number) E Lombard St No 328

5. Full Name of Mother, Franziska Muller

6. Mother's Maiden Name, Winkler

7. Mother's Birthplace, Balt

8. Full Name of Father, Franz Muller

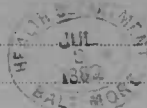
9. Father's Occupation, Schner

10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Wm. F. H. Henschel

Address, 157 Gough St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth *June 26th 1882*
 4. Place of Birth, (Street and Number) *No 44 Bank St*
 5. Full Name of Mother *Maria Elizabeth*
 6. Mother's Maiden Name *Whitie*
 7. Mother's Birthplace *Mormon City*
 8. Full Name of Father *John Cooper*
 9. Father's Occupation *Mrs Elizabeth*
 10. Father's Birthplace *City of Baltimore*
 Name of Medical Attendant, or other person who makes this return *Dr. J. B. C.*
 Address *120 Bank St.*
 Remarks

*That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, live or dead, physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother or such child or children."

CORRECTION

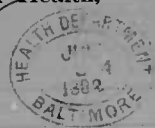
**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56395

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 26th 1882

4. Place of Birth, (Street and Number)

No 44 Bank St

5. Full Name of Mother,

Maria Elizabeth Whitie

6. Mother's Maiden Name,

" "

Morman

7. Mother's Birthplace,

City

8. Full Name of Father.

John Whitie

9. Father's Occupation,

Coper

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56396

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 26th 1882

4. Place of Birth, (Street and Number) # 55 Chestnut St

5. Full Name of Mother, Laisa Kelly

6. Mother's Maiden Name, Leunisa Bracken

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Alfred Kelly

9. Father's Occupation, Cook

10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other Person who makes this Return Harriet Jackson

Address, # 5 Farrest st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

26th June 1883

4. Place of Birth, (Street and Number)

161 King St

5. Full Name of Mother,

Bettie Thornton

6. Mother's Maiden Name,

" Parker

7. Mother's Birthplace,

Va

8. Full Name of Father,

Isaac Thornton

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Va

Name of Medical Attendant, or other Person who makes this Return

Dr Nelson Md

Address,

52 E. Calverton St

Remarks,

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22 of June 1892*

4. Place of Birth, (Street and Number) *No. 179 Johnson St*

5. Full Name of Mother, *Rose Hunt*

6. Mother's Maiden Name, *Rose Fritz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Hunt*

9. Father's Occupation, *Law Enforcer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. G. M. Griebner*

Address *No. 125 N. E. St*

Remarks



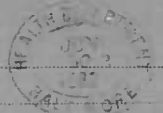
RETURN OF A BIRTH 17300

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56199

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 of June 1900

4. Place of Birth, (Street and Number) 215 W. Williams St.

5. Full Name of Mother, Minnie Whittle

6. Mother's Maiden Name, Minnie Rose

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Whittle

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Ball & Co. Dr. & Co.

Address, 1000 West St.

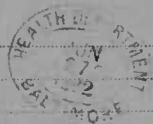
Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56400

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3'
1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... white
3. Date of Birth,..... June 26th 1882
4. Place of Birth, (Street and Number)..... 127 North St
5. Full Name of Mother,..... Laura Schwartz
6. Mother's Maiden Name,..... "
7. Mother's Birthplace,..... Hann. Burg
8. Full Name of Father,.....
9. Father's Occupation,..... Engineer
10. Father's Birthplace,.....
Name of Medical Attendant, or other Person who makes this Return. D. Thell, M.D.
Address,..... 1113 North St
Remarks,..... Born at 7 Mon. Hospital, arrived at 10
and delivered



That any physician, accoucheur, midwife, or other person in charge, who shall attend, nurse, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56401

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth From the 27 1882

4. Place of Birth (Street and Number) Chester st No 75

5. Full Name of Mother Mary E Watson

6. Mother's Maiden Name Glenn

7. Mother's Birthplace Baltimore City Md

8. Full Name of Father James E Watson

9. Father's Occupation City Police

10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. M E Davenport

Address 194 Gough st

Remarks Mother & child doing well

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56402

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Male child

2. Race or Color, (if not of the white race)

Colored child

3. Date of Birth,

27 of June 1882

4. Place of Birth, (Street and Number)

7 Burdick Alley Baltimore

5. Full Name of Mother,

Lunie Barriet

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Barriet

9. Father's Occupation,

Carman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. Jones

Address,

No 17 West St Baltimore

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 76403

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 27th

4. Place of Birth (Street and Number) 174 Cl Belvidere St

5. Full Name of Mother Kate Scherwin

6. Mother's Maiden Name Kate Parsons

7. Mother's Birthplace Baltimore

8. Full Name of Father William Curtin

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Price

Address 84 Cl Caroline St

Remarks

56404

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child
Male

A circular postmark from Baltimore, Maryland. The text "HEALTH DEPT" is curved along the top inner edge, and "BALT MD" is curved along the bottom inner edge. In the center, the date "JUL 6 1882" is stamped.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

June 27th 1882
180 Hamburg st.
Chic. Spedel

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

Germany
Lopwasser midwife
330 Hanover st.

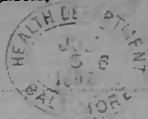
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56405

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 27th 1882

4. Place of Birth, (Street and Number)

Baltimore Ramsey St. 1917

5. Full Name of Mother.

Louisa Ugle

6. Mother's Maiden Name,

Bennetts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Charles Ugle

9. Father's Occupation,

Watchman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Park St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16406

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *it is a female child*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *it was born Colored June 27. 1882*
4. Place of Birth (Street and Number) *56 Vine St Baltimore Md*
5. Full Name of Mother *Barnie Davis*
6. Mother's Maiden Name *Barnie Barnoll*
7. Mother's Birthplace *Howard County Md*
8. Full Name of Father *Charles B Davis the father*
9. Father's Occupation *was weighter*
10. Father's Birthplace *Delaware*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *Mrs Annie Davis*
- Remarks *90 Jacob Street*

I declare any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16407

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 27th. 1882.*
4. Place of Birth, (Street and Number) *Point Lane near Harford ave.*
5. Full Name of Mother, *Kate Stroffer*
6. Mother's Maiden Name, *Kate Gilchrist.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Clinton Stroffer*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Hagerstown Washington con.*
- Name of Medical Attendant, or other Person who make this Return *M. A. Butts*
- Address, *No. 185 S. E. corner of 4th Monument St.*
- Remarks, *Sickly. Sickly.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16405

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks.

1st male
White
June 24th 1882.
216 N. Durham St
Joseph ~~Janousek~~ Janousek
Joseph Chachvat
Přiborov in Bohemia
John Janousek
Labor
Neprašov Bohemia
Joseph Conrad
20 Barnes St

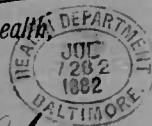
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16409

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Ma'e or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 27th 1882

4. Place of Birth (Street and Number)

50 Edmondson ave

5. Full Name of Mother

Zamora Ada Axtell

6. Mother's Maiden Name

Wood

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Fred. S. Axtell

9. Father's Occupation

Stenographer

10. Father's Birthplace

Brooklyn N.Y.

Name of Medical Attendant, or other Person who makes this Return.

James C. Gibbons M.D.

Address

47 Edmondson ave

Remarks

"Trust any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ✓ 6410

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 17

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 27 1882

4. Place of Birth, (Street and Number) 190 Botten St

5. Full Name of Mother, Ann J Pearce

6. Mother's Maiden Name, Ann J Sifford

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Julius Pearce

9. Father's Occupation, Teacher

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return G. W. L. L. L. L. L.

Address, 121 W. L. L. L. L.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Child 3*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Color*
3. Date of Birth *June 27*
4. Place of Birth (Street and Number) *Vine St No 158*
5. Full Name of Mother *Elizabeth Fletcher*
6. Mother's Maiden Name
7. Mother's Birthplace *Alexandria Va*
8. Full Name of Father *Porter Fletcher*
9. Father's Occupation *Porter*
10. Father's Birthplace *Winchester Va*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Jane D. Easton*
- Address *No 17 Hamilton St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16412

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th 1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 27, 1882*
4. Place of Birth, (Street and Number) *406 Madison Ave*
5. Full Name of Mother, *Mary Jane Collins*
6. Mother's Maiden Name, *" " (Dishman)*
7. Mother's Birthplace, *Chattanooga, Ga. U.S.*
8. Full Name of Father, *Patrick J. Collins*
9. Father's Occupation, *Carr Maker*
10. Father's Birthplace, *Dublin, Ireland*
- Name of Medical Attendant, *or other Person who makes this Return* *W. B. Williams*
- Address, *201 Madison Ave*
- Remarks, _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16413

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 27th 1882

4. Place of Birth, (Street and Number)

336 W. Fayette St

5. Full Name of Mother,

Louise Heinemann

6. Mother's Maiden Name,

Mueller

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Frederick Heinemann

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Stapp

Address,

336 Canton Ave

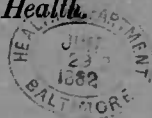
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56414

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth.

1. Sex (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth

June 27, 1882

4. Place of Birth, (Street and Number)

1 Birchark St.

5. Full Name of Mother

Lillie Sands.

6. Mother's Maiden Name

Molley.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Robert Sands.

9. Father's Occupation

Box Maker.

10. Father's Birthplace

New York City.

Name of Medical Attendant, or other Person who makes this Return.

C. G. Watts M.D.

Address

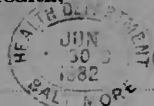
156 Columbia St.

Remarks

any person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth.

June 27th 1882

4. Place of Birth, (Street and Number)

Baltimore, Poppleton St. No 165

5. Full Name of Mother.

Martha Motley

6. Mother's Maiden Name.

Brush, Pack.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Joseph Motley

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkin St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56416

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Jan 27th 1892
4. Place of Birth (Street and Number) 75. South St
5. Full Name of Mother Maggie Albertine Duncan
6. Mother's Maiden Name Maggie " Fox
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James Morrison Duncan
9. Father's Occupation clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. D. W. H. M. D.
- Address 86 E. Fayette St.
- Remarks

For Record by Vital Statistics in the City of Baltimore.

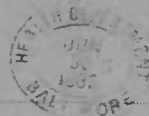
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56417

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 27th 1882

4. Place of Birth (Street and Number) No 175 North Bethel Street Balto Md

5. Full Name of Mother Sophia Miller

6. Mother's Maiden Name Sophie Kaufman

7. Mother's Birthplace Germany

8. Full Name of Father Andrew J Miller

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Caroline Miller

Address No 5 Walker St near Bond Balto Md

Remarks

56418

ard of Health,

~~(other weather 1st, 2d, 3d, 4th)~~

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not of the white race~~)

June 27th 1882.

69 E. Pratt St

Louisa Pittman

Boo

Baltimore

Frederick Pittman

Book Keeper

Baltimore

Allemande
A. L. 2. 4. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 8

11 S. High St.

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040

GULF & CO., CITY PHONE 1800 AND STATIONERS

г л п о

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56419

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Edith Rogers Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 28th 1882

4. Place of Birth (Street and Number)

Baltimore Montgomery St. 109

5. Full Name of Mother

Laura Thomas

6. Mother's Maiden Name

Cook

7. Mother's Birthplace

Dorchester County

8. Full Name of Father

William Thomas

9. Father's Occupation

Sailor

10. Father's Birthplace

Dorchester

Name of Medical Attendant, or other Person who makes this Return.

Mr. Elizabeth Scarborough

Address

220 Montgomery St. Balt.

Remarks

GIVEN NAME ADDED.

9-9-52

A.M.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56420

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, June 28th
 4. Place of Birth, (Street and Number) 145 W. Fayette St.
 5. Full Name of Mother, Mary Stoffel
 6. Mother's Maiden Name, Mary D. Reed
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Victor Stoffel
 9. Father's Occupation, Mechanician
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other Person who makes this Return, Dr. Garrison S.
 Address, No. 2. Cathedral St.
 Remarks,

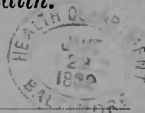
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16421

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 28th 1882

4. Place of Birth (Street and Number)

346 Lexington St

5. Full Name of Mother

Isabel Frank

6. Mother's Maiden Name

Isabel Cohen

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Moses Frank

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

John L. Hager M.D.

Address

City

Remarks

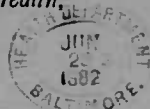
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56422

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 23rd 1882*

4. Place of Birth (Street and Number) *109 Fort St*

5. Full Name of Mother *Mary Jane Johnson*

6. Mother's Maiden Name *Mary Jane Myson*

7. Mother's Birthplace *Washington D.C.*

8. Full Name of Father *Thomas M. Johnson*

9. Father's Occupation *Ironworker*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Dr A Cooke M.D.*

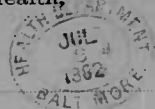
Address *313 Fifth St*

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56423

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 28th*

4. Place of Birth, (Street and Number) *304 S. Sharps street*

5. Full Name of Mother, *Mary Elizabeth Becker*

6. Mother's Maiden Name, *Mary Elizabeth Kirchner*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Henry Becker*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Minch*

Address, *S W Cor Leadenhall & Montgomery Sts*

Remarks,

RETURN OF A BIRTH 56424

1. The person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁵⁶⁴²⁴

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2nd}

1. Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{White}

3. Date of Birth, ^{June 28th 1889}

4. Place of Birth, (Street and Number) ^{Baltimore Poppleton St 1238}

5. Full Name of Mother, ^{Annie Baker}

6. Mother's Maiden Name, ^{Fams.}

7. Mother's Birthplace, ^{Baltimore}

8. Full Name of Father, ^{Thomas Baker}

9. Father's Occupation, ^{Fireman}

10. Father's Birthplace, ^{Baltimore}

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,



Not Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

56425

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth June 28th 1882
4. Place of Birth (Street and Number) 105 N. Central Ave
5. Full Name of Mother Mary Louisa Sauer
6. Mother's Maiden Name Warnicke
7. Mother's Birthplace Balto. City
8. Full Name of Father Francis T. Sauer
9. Father's Occupation W. &
10. Father's Birthplace Balto. City
- Name of Medical Attendant, or other Person who makes this Return. A. G. Sauer M. D.
- Address 105 N. Central Ave.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16426

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25th June 1885*
4. Place of Birth (Street and Number) *100 Hamilton St*
5. Full Name of Mother *Sarah E. Snyder*
6. Mother's Maiden Name *Sarah E. Snyder*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Snyder*
9. Father's Occupation *Shoe Maker*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Casper*
- Address *25 Hamilton St*
- Remarks *Living well*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16427

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race) ..

3. Date of Birth,

June 28th 1882

4. Place of Birth, (Street and Number)

168 S. Bethel St

5. Full Name of Mother,

Ratie Huber

6. Mother's Maiden Name,

" Luther

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Huber
Cooper

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return

Mrs Elizabeth Bethel
1120 Bank St

Address,

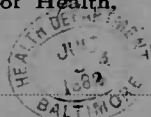
Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16428

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1) first.
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 28, 1882
4. Place of Birth, (Street and Number) 87 Dover, st.
5. Full Name of Mother, Catharina Dorsey
6. Mother's Maiden Name, Catharina Hayes
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Dorsey
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return Mrs. Franziska Schlifer
- Address, 20 Columbia St.
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56427

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 28th, 1882

4. Place of Birth, (Street and Number)

Maternity Hospt. 161 N. Lombard

5. Full Name of Mother,

Rachael Hall

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

H. Page McIntosh, Res. Phys.

Address,

Maternity Hospt. 161 N. Lombard St

Remarks,

Illegitimate

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56420

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 28th, 1882

4. Place of Birth, (Street and Number)

Maternity Hosp't, 161 N. Lombard St

5. Full Name of Mother,

Mary Smith

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

H. Poye M.D. Dist. Pres. Phy

Address,

Maternity Hosp't, 161 N. Lombard St

Remarks,

Illegitimate

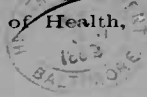


Let any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56431

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth
Female
June 27 '82

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

85 7 McLaughlin St.
Ann S. Poole

5. Full Name of Mother,

6. Mother's Maiden Name,

Zeigler
Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Frederick Poole

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56432

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

June 28 1892

4. Place of Birth, (Street and Number)

#210 S. Dallas Str

5. Full Name of Mother,

Mary Wors

6. Mother's Maiden Name,

Thomas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Isidor Wors

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Spain

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

RETURN OF A BIRTH *16433*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 children*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22 of June 1882 28*

4. Place of Birth, (Street and Number) *N. 43 to Brown St*

5. Full Name of Mother, *Ellen Colin*

6. Mother's Maiden Name, *Ellen Pangborn*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Colin*

9. Father's Occupation, *Ship Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. S. S. S. S. S.*

Address *112 1/2 West St*

Remarks

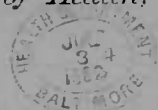
At the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

I am any physician, licentiate, or other person in charge, and shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56434

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

482-
Female
White
June 29th
69 Chew St
Hester Ann Baker
Baltimore
Henry W. Baker
Painter
Baltimore
Wm. Whitridge

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56435

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 29 - 1882

4. Place of Birth, (Street and Number) 215 - N. Fulton St

5. Full Name of Mother, Gustave - Brown

6. Mother's Maiden Name, Johanna - Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J F Brown

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return J W Miller - Surgeon

Address, 121 W. Lombard St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16436

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 29, 1892

4. Place of Birth, (Street and Number)

74 Pine St

5. Full Name of Mother,

Margaret L. Lauer

6. Mother's Maiden Name,

Leib

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

George Lauer

9. Father's Occupation,

Clock

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. McNamee

Address,

119 E. Monument

Remarks,

Birth about 1/2 month premature

RETURN OF A BIRTH

56437

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



to be filled out by the Registrar, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10^{tes} Kind*
1. Sex, (state whether male or female) *Maedchen*
2. Race or Color, (if not of the white race) *Schwarzen*
3. Date of Birth, *geboren den 29. ten June*
4. Place of Birth, (Street and Number) *N^o 130 Carlin Str*
5. Full Name of Mother, *Schokname Kanneve*
6. Mother's Maiden Name, *Schone Schons*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edwardt Kanneve*
9. Father's Occupation, *Handarbeiter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
- Address, *N^o 202 S. Duvalles Str*
- Remarks, *Hemme*

advise at the birth of my child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^{tes} Rmd*
1. Sex, (state whether male or female) *Mädchen*
2. Race or Color, (if not of the white race) *Weiß*
3. Date of Birth, *geboren den 29^{ten} June*
4. Place of Birth, (Street and Number) *N^o 31. Haimster Str*
5. Full Name of Mother, *Tobiasfine Bröcker*
6. Mother's Maiden Name, *Tosenfine Hoffmann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *August Bröcker*
9. Father's Occupation, *Cigarrenmacher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
- Address, *N^o 202 S. Dallas Str*
- Remarks, *Heim*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 56429

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 29/82

4. Place of Birth (Street and Number)

23 Garden St.

5. Full Name of Mother

Hannah Lambrecht

6. Mother's Maiden Name

Patterson

7. Mother's Birthplace

City

8. Full Name of Father

Chas. H. Lambrecht

9. Father's Occupation

Clerk

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes the Return.

W. E. Moseley M.D.

Address

248 N. Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56440

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

29 June

4. Place of Birth, (Street and Number)

Warner St 206

5. Full Name of Mother,

Georgeanner Johnson

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Kent Island

8. Full Name of Father,

Shedric Johnson

9. Father's Occupation,

grain measurer

10. Father's Birthplace,

Kent Island

Name of Medical Attendant, or other Person who makes this Return

Dr. A. Brown

Address,

292 E. Taw St

Remarks,

that day the parent, accountant, attorney, or other person in charge, who shall attend, advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether adult-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A circular ink stamp from the Baltimore Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center, the date "AUG 4 1902" is stamped.

- Remarks.

[illegible]

DELANEY & CO., CITY PRINTERS AND STATIONERS

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 29th 1882

4. Place of Birth, (Street and Number)

Baltimore German St. 19

5. Full Name of Mother,

Kate Newton

6. Mother's Maiden Name,

" Sarges.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Philip Newton

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. G. Mitchell

Address,

No. 38 Parker St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56443*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 29th 1882*
 4. Place of Birth, (Street and Number) *Baltimore German St. 1234*
 5. Full Name of Mother, *James G. Gossell*
 6. Mother's Maiden Name, *Harmon*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charles Gossell*
 9. Father's Occupation, *Black.*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. S. Gossell*
- Address, *58 Park St.*
- Remarks, _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16444

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Natural*
3. Date of Birth, *June 29th 1882*
4. Place of Birth, (Street and Number) *64 Elbow Lane*
5. Full Name of Mother, *Lucy Jones*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Frederick Md*
8. Full Name of Father, *John Hemslay*
9. Father's Occupation, *Walter*
10. Father's Birthplace, *Not known to me*
- Name of Medical Attendant, or other Person who makes this Return. *Wm Gambel Jr D.*
- Address, *170 S. Sharp St.*
- Remarks,

or
child,
ad-
ren
acc

survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56445

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29 1882
4. Place of Birth, (Street and Number) 102 Townsend St.
5. Full Name of Mother, Mary V. McSherry
6. Mother's Maiden Name, Adams
7. Mother's Birthplace, Belmont
8. Full Name of Father, Charles A. McSherry
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt City
- Name of Medical Attendant, or other Person who makes this Return, Marbury Brown, M.D.
- Address, 56 McCulloch St.
- Remarks,



When any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56446

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 29 - 1882

4. Place of Birth, (Street and Number)

No 337 E. Eager St

5. Full Name of Mother,

Eliot Miller

6. Mother's Maiden Name,

Eliot Lutz

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Henry Miller

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

Josephine Conrad

Address.

No 20, Barnes St

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

56447



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

Male
white

2. Race or Color (if not of the white race)

3. Date of Birth

June 29 - 02
32 Chestnut St
Lydia Barber

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

W. Va

8. Full Name of Father

unknown
in prison

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. W. Chambers
133 N. Eyster St

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56448

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 29 1882*

4. Place of Birth (Street and Number) *154 Eastern Ave*

5. Full Name of Mother, *Mrs. Ann Sanford*

6. Mother's Maiden Name *M. A. Herbert*

7. Mother's Birthplace *England*

8. Full Name of Father *John Sanford*

9. Father's Occupation *Salmon*

10. Father's Birthplace *England*

Name of Medical Attendant, or other Person who makes this Return, *James C. D. Mearns*

Address *299 E. Baltimore Street*

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56444

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

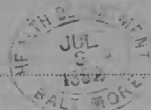
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, June 30
4. Place of Birth, (Street and Number) no 85 Washington st
5. Full Name of Mother, Susan Scott
6. Mother's Maiden Name, Susan Breckner
7. Mother's Birthplace, Canada
8. Full Name of Father, Robert Scott
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Mrs Leah Johnson
- Address 210 31 Short St
- Remarks healthy child



That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16450

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

June 30 1887
E. Lombard St. No. 334
Margarette Behm
Behm
Behm
John Behm
Gum Worker
Behm
Wm. J. Behm
C. H. Hall

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56457

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 30th June 1882

4. Place of Birth, (Street and Number)

Balto. Durham St No 297

5. Full Name of Mother,

Mary Mawra

6. Mother's Maiden Name,

Mary Reeliharva

7. Mother's Birthplace,

Bahemia

8. Full Name of Father,

Joseph Mawra

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bahemia

Name of Medical Attendant, or other Person who

make this Return

Mary Reptist

Address,

69 Washington St

Remarks,

Mary Reptist

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *76452*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *30th June 1882*

4. Place of Birth, (Street and Number) *Belle Street at No 382*

5. Full Name of Mother, *Elizabeth Hutzman*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Hutzman*

9. Father's Occupation, _____

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *or other Person who* *Mary Oberholzer*
make this Return

Address, *69 W. Washington St*

Remarks, *Mary Oberholzer*

to be filled out by the parent, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

62-

1. Sex, (state whether male or female)

Twins Boy & Girl

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 30th - 1882

4. Place of Birth, (Street and Number)

No 45 W. Fayette st

5. Full Name of Mother

Laura Leutz

6. Mother's Maiden Name,

" Smith-

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lewis M. Leutz

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Wm. S. Russell

Address,

No 228 W Broadway -

Remarks,

RETURN OF A BIRTH

56454

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

When the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 30th 1882

4. Place of Birth, (Street and Number)

186 Cross St
Sophie Diehlman
Libert

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

America
Louis Diehlman

8. Full Name of Father,

9. Father's Occupation,

Paper hanger

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this return

Donagru midwife
330 Hanover

Address

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number)

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who make this Return

Address, ..

Remarks, ..

First
Male
White
June 30th
54 Carroll St.
Laura H. Smith
Laura H. Lopp
Baltimore Md.
David C. Smith
Clerk
Balto. Md.
D. C. Smith Md.
178 South Park St.
Delicious labor & final delivery with forceps - also retained Placenta & Amnion



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56456

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,



Female
White
June 30 1890
Baltimore, Darnen. Al. No. 25
Elizabeth Meyer
Hudson
Baltimore
William Meyer
Carpenter
Baltimore
Wm. C. Mitchell
No. 5 & Park St.

any person, second, third, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56457

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 30th

4. Place of Birth, (Street and Number)

22 S. Front

5. Full Name of Mother,

Mary Kennedy

6. Mother's Maiden Name,

Benister

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Patrick Kennedy

9. Father's Occupation,

Balto Laborer

10. Father's Birthplace,

11

Name of Medical Attendant, or other Person who makes this Return

Sarah Cooper

Address,

22 S. Lombard St

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5648

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

30th of June 30

4. Place of Birth, (Street and Number)

on the Blay avenue

5. Full Name of Mother,

Lizzie Minnick

6. Mother's Maiden Name,

Miss Lizzie Tilger

7. Mother's Birthplace,

Born in Germany

8. Full Name of Father,

Paul Minnick

9. Father's Occupation,

Brewery

10. Father's Birthplace,

Born in Germany

Name of Medical Attendant,

or other Person who makes this Return

Miss Mary Walter

Address,

125 North Caroline st

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56459

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



Name of Child: *Emilie A. Doetsch*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

30 June 1884

4. Place of Birth, (Street and Number)

7 Broadway 88

5. Full Name of Mother,

Johanna Doetsch

6. Mother's Maiden Name,

Johanna Pohl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Doetsch

9. Father's Occupation,

Photographer

10. Father's Birthplace,

Bavaria, Germany

Name of Medical Attendant, or other Person who makes this Return

A. J. Reinhard

Address,

124 N. Fayette Street

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16460

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 13*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 30th 1882*
4. Place of Birth, (Street and Number) *Duben Alley No 85*
5. Full Name of Mother, *Katharina Eble*
6. Mother's Maiden Name, *Katharina SteaKa*
7. Mother's Birthplace, *Pavia Bohemia*
8. Full Name of Father, *Frank Eble*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Pavia Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Josephina Conrad*
- Address. *No 30. Balnes St*
- Remarks.

56461

HEALTH DEPARTMENT
JUL 10 1882
BALTIMORE

10
1882

7 Child

Female

3. *Date of Birth,*

30 of June

159

Hudson street

5. *Full Name of Mother,*

Mary Bailey

6. *Mother's Maiden Name,*

May 1942

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

John Henry Hadley.

9. *Father's Occupation,*

heather

10. *Father's Birthplace,*

Balboa

Name of Medical Attendant, or other Person who makes this Return.

May I Many.

Address,

59 Layens Street

Remarks,

and also at the birth of every child born within six days thereafter, to the City of Baltimore, shall report to the register aforesaid, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

WM. & G. DUNLAP & CO., CITY PRINTERS AND STATISTICIANS

RETURN OF A BIRTH

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56465

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 30th 1882

4. Place of Birth, (Street and Number) 7 Jordan Alley

5. Full Name of Mother, Ellen Cassey

6. Mother's Maiden Name,

7. Mother's Birthplace, Accomac County, Virginia

8. Full Name of Father, Peter Cassey

9. Father's Occupation, Laborer

10. Father's Birthplace, Accomac County, Va

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 7 Burgundy Alley

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56464*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 30, 1882*
4. Place of Birth, (Street and Number) *63 St. Paul st.*
5. Full Name of Mother, *Annie E Lloyd*
6. Mother's Maiden Name, *Wright*
7. Mother's Birthplace, *Talbot Co., Md*
8. Full Name of Father, *R. R. Lloyd*
9. Father's Occupation, *Druggist*
10. Father's Birthplace, *Talbot Co. Md*
Name of Medical Attendant, or other Person who makes this Return *John H. H. H.*
Address, *322 Hollins st*
Remarks, *Large, well formed babe*

RETURN OF A BIRTH *56460*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, and the full name, nativity, and age of the mother, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30th June 1882*
4. Place of Birth, (Street and Number) *Balto Walk St No 27*
5. Full Name of Mother, *Catherine Morawec*
6. Mother's Maiden Name, *Dr. Paula*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *John Morawec*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other Person who makes this Return *Mary J. Reppel*
- Address, *69 No Washington St*
- Remarks, *Mary J. Reppel*

Missing

56466

RETURN OF A BIRTH

56467

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE, MD.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth,

July 1st 1882

Place of Birth, (Street and Number)

81 Hudson St

Full Name of Mother,

Maria Engel

Mother's Maiden Name,

Berner

7. Mother's Birthplace,

City

8. Full Name of Father,

Ludwig Engel

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Batz

Address,

120 Bank St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, its or their physical condition, whether still-born or not, the full name, nativity, and of the parents, and the maiden name of the mother of each child or children."

Advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56468

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 1 1882

4. Place of Birth, (Street and Number)

#191 S Bond St

5. Full Name of Mother.

Louise Bischoff

6. Mother's Maiden Name,

Klingenschofer

7. Mother's Birthplace,

Missouri

8. Full Name of Father.

William Bischoff

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Louise Kraft

Address,

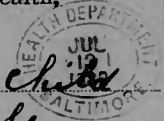
#236 Canton Ave

Remarks,

RETURN OF A BIRTH

56469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



that any physician, second sur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

Female
colored

2. Race or Color, (if not of the white race)

July 1

3. Date of Birth,

4. Place of Birth, (Street and Number)

1st
winter st

5. Full Name of Mother,

caroline miles

6. Mother's Maiden Name,

caroline smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

james miles

9. Father's Occupation,

labourer

10. Father's Birthplace,

sumner county md

Name of Medical Attendant, or other Person who makes this Return

mrs Lydia Porter

Address.

no 4 patpsco avenue

Remarks,

healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the mother and child*
1. Sex, (state whether male or female) *it is a girl*
2. Race or Color, (if not of the white race) *it is colored*
3. Date of Birth, *July 1/82*
4. Place of Birth, (Street and Number) *122 N. Dallas*
5. Full Name of Mother, *Amanda J. Jones*
6. Mother's Maiden Name, *Amanda Bennett*
7. Mother's Birthplace, *Wilmington*
8. Full Name of Father, *Wm. B. Jones*
9. Father's Occupation, *he is a laborer*
10. Father's Birthplace, *Born in Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Anna Dunbar*
- Address, *122 N. Dallas street*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

86471

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, July 1
4. Place of Birth, (Street and Number) 24 Stirling.
5. Full Name of Mother, Ida Cafferdel
6. Mother's Maiden Name, not married
7. Mother's Birthplace, Baltimore md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return Mrs. Clara Johnson
- Address, no 31 Short St
- Remarks, healthy child

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56473

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, July 1

4. Place of Birth, (Street and Number) 30 Jefferson St

5. Full Name of Mother, Eliza P. Caldwell

6. Mother's Maiden Name, nat married

7. Mother's Birthplace, Baltimore md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Mrs. Leah Johnson

Address, no 31 Short St

Remarks, healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56473

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st July 1892

4. Place of Birth, (Street and Number)

No. 174 Bathy, No.

5. Full Name of Mother.

Bella Ringer

6. Mother's Maiden Name,

Bella Gallia

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Ringer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Satrina Dr. Clark

Address,

No. 128 West St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

564711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 1, 1882
4. Place of Birth, (Street and Number) 89 N. Chad St.
5. Full Name of Mother, Victoria D. Horn
6. Mother's Maiden Name, " Dieter.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Ernest B. Horn.
9. Father's Occupation, Green Grocer.
10. Father's Birthplace, Md.
- Name of Medical Attendant, or other Person who makes this Return Dr Morgan
- Address, 119 N. Monument St.
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56470

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

July 1

July 1/1882

4. Place of Birth, (Street and Number)

511 Michigan St.

5. Full Name of Mother,

Rachel Copmond

6. Mother's Maiden Name,

Eastern Shore

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Lurinda Woodford
132 Register St.

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child
Male

White

July 1st 1882

No. 79 E. Eder St.

Kate E. Humphries

Kate E. Clarke

St. Mary Co. Md.

Thos. Humphries

Engineer

Baltimore City

Mrs. Eliza Humphries

No. 95 Albemarle St.

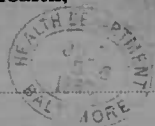
(City)

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 5th child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st 1898

4. Place of Birth, (Street and Number) E. Pratt St. No. 100

5. Full Name of Mother, Sarah Chischwang

6. Mother's Maiden Name, Sarah Meyer

7. Mother's Birthplace, Homburg, Prussia, Germany

8. Full Name of Father, Israel Chischwang

9. Father's Occupation, Laborer, Homburg, Prussia, Germany

10. Father's Birthplace, Homburg, Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Calver St. No. 100

Remarks,

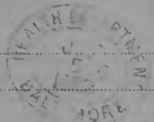
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16478

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st, 1887

4. Place of Birth, (Street and Number) E. Monument St. No. 548

5. Full Name of Mother, Margaretha Giesel

6. Mother's Maiden Name, Margaretha Leonhard

7. Mother's Birthplace, Balto City

8. Full Name of Father, Friedrich Giesel

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return

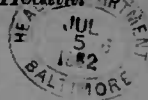
Address, 4 Galtus St. No. 26

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



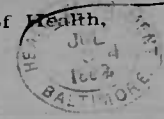
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) male female
2. Race or Color, (if not of the white race) colored
3. Date of Birth July 1st
4. Place of Birth, (Street and Number) 113 North Spring St
5. Full Name of Mother Mary E Hawkins
6. Mother's Maiden Name Mary E Dorsey
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Moses Hawkins
9. Father's Occupation laborer
10. Father's Birthplace Baltimore City Md
- Name of Medical Attendant, or other Person who makes this Return. Edaline Perkins
- Address No 95 North Spring St
- Remarks the baby did not come to it was born at 2 months

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

v. 6. 480

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Chronic

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 1, 82

4. Place of Birth, (Street and Number)

2198 W. 1st St.

5. Full Name of Mother,

Agnes Anderson
Eager

6. Mother's Maiden Name,

Virginia

7. Mother's Birthplace,

John & Andrew

8. Full Name of Father,

Carpenter

9. Father's Occupation,

Maryland

10. Father's Birthplace,

Mary of Atlantic

Name of Medical Attendant, or other Person who makes this Return

Address, 286 W. 1st St.

Remarks,

RETURN OF A BIRTH

56417

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *2 of July.*
4. Place of Birth, (Street and Number) *102 Hudson street*
5. Full Name of Mother, *Martha Glover*
6. Mother's Maiden Name, *Martha Thomas*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Glover*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mary L. Swartz*
or other Person who makes this Return.
- Address, *57 - Luzerne.*
- Remarks,

"They any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within 30 days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16482

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 2 July
4. Place of Birth, (Street and Number) Glenritha St 103
5. Full Name of Mother, Isabelle William
6. Mother's Maiden Name, Sarl
7. Mother's Birthplace, Balto
8. Full Name of Father, John William
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, A Wilson
or other Person who makes this Return
- Address, Cross St 308
- Remarks, _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16483

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 2th

4. Place of Birth, (Street and Number)

Harrison Street 1370

5. Full Name of Mother,

Rachel Abansbach

6. Mother's Maiden Name,

Bertha Cohen

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Levi Abansbach

9. Father's Occupation,

Sel's man

10. Father's Birthplace,

Germania

Name of Medical Attendant,

or other Person who makes this Return

Levi Abansbach

Address,

1228 E. Trinitatis St. Baltimore Md.

Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 2 1882
4. Place of Birth (Street and Number) 6 Brun
5. Full Name of Mother Matilda Kemp
6. Mother's Maiden Name McCoy
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Milton Kemp
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore and Cumberland
- Name of Medical Attendant, or other Person who makes this Return. J. V. Scuffert
- Address 45 Mulberry St.
- Remarks

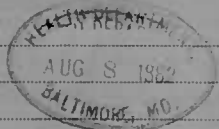
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, 2 of July
4. Place of Birth, (Street and Number) Shanmeretta St 202
5. Full Name of Mother, Isabelle Williams
6. Mother's Maiden Name, Sorrell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John William
9. Father's Occupation, Drayman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return A Wilson
- Address, Cross St 308 308
- Remarks, 0



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 86486

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *July 2*
 4. Place of Birth, (Street and Number) *106 1/2 Baltimore St*
 5. Full Name of Mother, *Betty Goldstein*
 6. Mother's Maiden Name, *Edwin*
 7. Mother's Birthplace, *Warsaw*
 8. Full Name of Father, *Levack Goldstein*
 9. Father's Occupation, *Shoemaker*
 10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other Person who makes this Return *Catharine L. L. L.*
- Address, *439 W. Pratt St*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56487

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

Male

white

July 2nd 1892

767 West Pratt St.

Florine Ritz

geb. Vogt

Germany

Conrad Ritz

Brewer

Germany

Dr. Dwyer

No 60 Schaefer St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if nat of the white race) *White*

3. Date of Birth, *July 2nd*

4. Place of Birth, (Street and Number) *144 N. Carrollton av*

5. Full Name of Mother, *Fanni Wolf*

6. Mother's Maiden Name, *Fanni Trimble*

7. Mother's Birthplace, *Phila Pa Penna*

8. Full Name of Father, *Wm B Trimble*

9. Father's Occupation, *Ship chandler*

10. Father's Birthplace, *American Md*

Name of Medical Attendant, or other Person who makes this Return. *W. W. Thomas M.D.*

Address, *143 N. Charles St*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

56489

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 2nd 1882

4. Place of Birth, (Street and Number)

167 Orleans St

5. Full Name of Mother,

Emma Jubb

6. Mother's Maiden Name,

Egg

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry Jubb

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

S. W. Seldner M. D.

Address,

S. E. Cor Eager & Caroline Sts.

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *July 2^d 1882*
4. Place of Birth, (Street and Number) *15-4 Hanover St.*
5. Full Name of Mother, *Mary Marrow*
6. Mother's Maiden Name, *"Dancy"*
7. Mother's Birthplace, *Dorchester Co., Ind.*
8. Full Name of Father, *John H. Marrow*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Balt., City*
Name of Medical Attendant, or other Person who makes this Return, *R. J. N. Tall. M.D.*
Address, *15-2, Sharp St.*
Remarks, _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56491

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

2 July 2

4. Place of Birth, (Street and Number)

145 Washington

5. Full Name of Mother,

Lizzie W. Wick

6. Mother's Maiden Name,

Gushoff

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Henry W. Wick

9. Father's Occupation,

Iron Box Manufacturer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Sarah C. Gushoff

Address,

37 E Lombard

Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56492*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(2)*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 2nd 1882*
4. Place of Birth, (Street and Number) *63 Gough st.*
5. Full Name of Mother, *Louisa Vogt*
6. Mother's Maiden Name, *Louisa Klinkhaus*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Geo. Henry Vogt*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who make this Return *Mrs. Funigunda Schlifer*
- Address, *20 Columbia st.*
- Remarks,

Must be filled out by physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56493

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd July 1882
4. Place of Birth, (Street and Number) Balta Abbot st No 9
5. Full Name of Mother, Mary White
6. Mother's Maiden Name, Mary Nechiba
7. Mother's Birthplace, Bolonia
8. Full Name of Father, Israel White
9. Father's Occupation, Lawyer
10. Father's Birthplace, Bolonia
- Name of Medical Attendant, or other Person who makes this Return Mary O'Connell
- Address, 69 No Washington st
- Remarks, Mary O'Connell

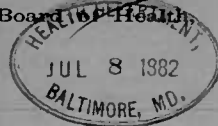
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56494

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



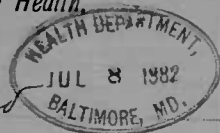
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2 1882
4. Place of Birth, (Street and Number) 296 Baltimore St
5. Full Name of Mother, Minerva Turner
6. Mother's Maiden Name, Wendell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Turner
9. Father's Occupation, Car Maker
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Mrs. C. Tracy
Address, 193 Chester
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56495

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 2-1882

4. Place of Birth (Street and Number)

352 Lonsdale St.

5. Full Name of Mother

Grace Crook

6. Mother's Maiden Name

Horner

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

Edward Crook

9. Father's Occupation

Merchant

10. Father's Birthplace

Penn.

Name of Medical Attendant, or other Person who makes this Return.

W.E. Mosely M.D.

Address

248 N. Eutaw St.

Remarks

RETURN OF A BIRTH 56496

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56496

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

6th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2nd July

1882

4. Place of Birth, (Street and Number)

446 Fayette St.

5. Full Name of Mother,

Annie Patterson

6. Mother's Maiden Name,

Annie Lawson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Patterson

9. Father's Occupation,

Ship Joiner

10. Father's Birthplace,

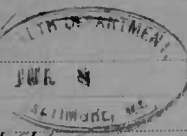
Baltimore

Name of Medical Attendant, or other Person who makes this Return

Louisa Wiley

Address,

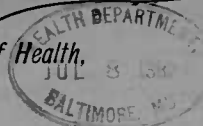
Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth (6th)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Saturday July 2nd 82

4. Place of Birth (Street and Number)

62 Holliday St

5. Full Name of Mother

Mary Ellen Sheppard

6. Mother's Maiden Name

Mary E. Livingston

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Benjamin Biggs
Porter

9. Father's Occupation

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Elmer M. D.

Address

512 Calvert St

Remarks

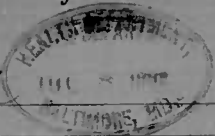
Baltimore
Dr

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 76498

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 2 of July 1899

4. Place of Birth, (Street and Number) 350 East Monument St

5. Full Name of Mother Mary E. Hall

6. Mother's Maiden Name Mary E. Cunningham

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John T. Hall

9. Father's Occupation clerk

10. Father's Birthplace Baltimore Md

Name of Medical Attendant

or other Person who makes this Return.

Address

Remarks

Mrs. Mearns
378 East Monument St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56499*

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *July 2*
4. Place of Birth, (Street and Number) *no 14 Park aly*
5. Full Name of Mother, *Lilly Park*
6. Mother's Maiden Name, *Barbrig md*
7. Mother's Birthplace, *Barbrig md*
8. Full Name of Father, *nilley gross*
9. Father's Occupation, *no 12 Park aly*
10. Father's Birthplace, *nilley gross*
- Name of Medical Attendant, or other Person who makes this Return *nilley gross*
- Address, *no 12 Park aly*
- Remarks, *nilley gross*



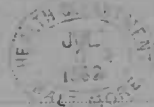
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

26500

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

A. E. Con McKim & Eager -
Kate Simms
Kileen
Ireland

Michael Jerome Simms
Driver Wagon
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Wm. Whithage

That any Physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return.

Address,

Remarks,

3d

Male

White

July 2d

562 Washington St.

Mary R. Tinsbury

Mary R. Tinsbury

Baltimore

Dr. G. Tinsbury

Clark

Virginia

H. Tinsbury

2. Cathedral St.



Just any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56502

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 2, 1892*

4. Place of Birth, (Street and Number) *No. 20, E. E. St.*

5. Full Name of Mother, *Jussanne Haber Korn*

6. Mother's Maiden Name, *Jussanne Sagermuller*

7. Mother's Birthplace, *Hof. H. Bismarck Germany*

8. Full Name of Father, *Georg Haber Korn*

9. Father's Occupation, *Musician*

10. Father's Birthplace, *Dresden, S. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 20, E. E. St.*

Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16103*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 2nd 1882*

4. Place of Birth, (Street and Number) *Baltimore Stricker St. 11938*

5. Full Name of Mother, *Kate O'Carroll*

6. Mother's Maiden Name, *Brown*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Cassidy*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm. C. Mitchell*

Address, *N. 38 Parker St*

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16574

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 24, 1882*
4. Place of Birth, (Street and Number) *No. 5. Thompson Street*
5. Full Name of Mother, *Mrs. Mary Simpson*
6. Mother's Maiden Name, *Miss Mary Quinn*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Mr. John A. Simpson*
9. Father's Occupation, *Successor*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Wm H. Clevidence M.D.*
- Address, *No 102 N. Broadway*
- Remarks,

✓65th

Health
JUL 13 1882
BALTIMORE

First-

First-

- Male

- Whist

8. 24 15th

- Maternity Hospital 161 N. Lawrence.

- Mary Farelkien

- 20

- Vingina

- H. J. Spencer

- 

- 2

H. P. McIntosh Res. Phys.

5161 W. Lombard St

L. O. L. M. Post

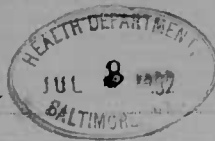
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16106

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 11

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

Dec. 3. of 1901

4. Place of Birth, (Street and Number)

No. 1 Anthony St

5. Full Name of Mother,

George Harzing.

6. Mother's Maiden Name,

Anna Kell Kell

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George

Kell

9. Father's Occupation,

Tapir

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. Christina Jones

Address,

Remarks,

113. Harper St.

1882

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 16507

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 3^d 1882

4. Place of Birth, (Street and Number) No 194 S William

5. Full Name of Mother Jennie Fulger

6. Mother's Maiden Name Jennie Hild

7. Mother's Birthplace Balto

8. Full Name of Father William Fulger

9. Father's Occupation Machinist

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Lina Hollegreis

Address 182 E Monument

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56508

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3d of February

4. Place of Birth, (Street and Number)

No 46 Cross St

5. Full Name of Mother,

Kate Griffin

6. Mother's Maiden Name,

Kate Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

David Carroll

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

Anna Arnold

Address,

No 125 N S St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

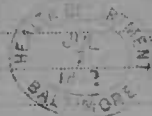
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56570

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st



1. Sex, (state whether male or female):

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 3rd

4. Place of Birth, (Street and Number)

No 93 Granby St.

5. Full Name of Mother,

Katie Werner

6. Mother's Maiden Name,

" Kate

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Wm Werner

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sophie Simon

Address,

No 93 Granby St.

Remarks,

any physician, surgeon, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16571

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 3, 1892

4. Place of Birth, (Street and Number)

No. 7 H. Johnson St. Baltimore Md.

5. Full Name of Mother,

Rosa Slomalen

6. Mother's Maiden Name,

Rosa Han

7. Mother's Birthplace,

Lithuania

8. Full Name of Father,

James Slomalen

9. Father's Occupation,

House Carpenter

10. Father's Birthplace,

Ann Arbor Mich

Name of Medical Attendant,

or other Person who makes this Return

Thos. Nash

Address,

107 Johnson St. Baltimore Md.

Remarks,

RETURN OF A BIRTH

✓ 6512

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

3

July 13, 1902

141 Conway St.

Augusta - Anna Wachman

August Wachman

Prussia

1101 North 3rd St.

Baltimore

Wm. J. O'DuLany & Co., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

✓ 6513

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 4th 1882
4. Place of Birth, (Street and Number) 54 Bassett St
5. Full Name of Mother Annice Bell Kirwan
6. Mother's Maiden Name Rowe
7. Mother's Birthplace Balto. City
8. Full Name of Father Wm. H. Kirwan
9. Father's Occupation Clerk
10. Father's Birthplace Marblehead Va
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Hanover & Bond St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56514

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race) African
 3. Date of Birth, July 4th 82
 4. Place of Birth, (Street and Number) 32 Nelson Court
 5. Full Name of Mother, Elizabeth Caroline Orsey
 6. Mother's Maiden Name, Talbot
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Caleb Orsey
 9. Father's Occupation, Master
 10. Father's Birthplace, Hartford Co
- Name of Medical Attendant, or other Person who makes this Return P. Gray Smith
Address, 12 Cor Iowa and Fremont St
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 1st Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4 July

4. Place of Birth, (Street and Number)

Dogland Street No. 80

5. Full Name of Mother,

Katharina Mueller

6. Mother's Maiden Name,

Muller

7. Mother's Birthplace,

Hellm. bredt

8. Full Name of Father,

Baier

9. Father's Occupation,

10. Father's Birthplace,

Bank Street No. 175

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

John Maurer

Any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56516

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *mother and child is well*
1. Sex, (state whether male or female) *The child is a boy*
2. Race or Color, (if not of the white race) *it is colored*
3. Date of Birth, *July 4*
4. Place of Birth, (Street and Number) *No 4 Dornelies*
5. Full Name of Mother, *Annie Jackson*
6. Mother's Maiden Name, *Annie Lee*
7. Mother's Birthplace, *Born in Baltimore*
8. Full Name of Father, *Jacob Lee*
9. Father's Occupation, *a weather*
10. Father's Birthplace, *Born in Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. D. Baker street*
- Address, *Anna Jackson*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 4th 1882*
4. Place of Birth, (Street and Number) *171 Cisquith St*
5. Full Name of Mother, *Maggie Smith*
6. Mother's Maiden Name, *Maggie Roland*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Newton Smith*
9. Father's Occupation, *an Employee of Reaphorn & Co*
10. Father's Birthplace, *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return *Wilmer Brintow M.D.*
Address, *25 1/2 Greenmont Ave*
Remarks, *Very Pleasant*

By any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16518

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 4, 1882

4. Place of Birth, (Street and Number)

No 6 Bayliff St. Balt. Md

5. Full Name of Mother,

Mary J. Prince

6. Mother's Maiden Name,

Mary J. Bennett

7. Mother's Birthplace,

New York City N.Y.

8. Full Name of Father,

Geo E. Prince

9. Father's Occupation,

Fitter at Equitable Ins. Co. Wm. & Co.

10. Father's Birthplace,

Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dumbler

Address,

No 60 N. Schroeder St

Remarks,

Period of Chronic Pregnancy



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



56519 44

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 4th 1882
4. Place of Birth (Street and Number) 545 N Fremont St
5. Full Name of Mother Agnes Lippart
6. Mother's Maiden Name Agnes Sullivan
7. Mother's Birthplace Baltimore city
8. Full Name of Father John G Lippart
9. Father's Occupation Groceryman
10. Father's Birthplace Baltimore city
Name of Medical Attendant, or other Person who makes this Return. T Daugherty M.D.
Address 15 Fremont Ave
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

1652a

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

85

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 4th 1882

4. Place of Birth, (Street and Number)

No 114 Low St

5. Full Name of Mother

Kate Hooper

6. Mother's Maiden Name

Kate Holmgren

7. Mother's Birthplace

Balto

8. Full Name of Father

Frederick Hooper

9. Father's Occupation

Labor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.


Lena H. Higgins

Address

182 E Monument St

Remarks

56521)

Health, 

6

- 6

- Male

- White

- Dec. 4th 1882

- 519 Bannock

- Elizabeth Ogden

2. Page 11 North

- Baltimore

- Ballentine
Santa T Cecil

- Trenchard

- Mary Ann

Dr. Littleton C. Brown

12/16, 16/16, 16/16

12/27/1905

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56522*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second

Male

White

Decy 4th 1882

Eastern Avenue near Choptank

Mary Elizabeth Kelly

Mary E. Leonard

Baltimore, Md.

James Kelly

laborer

Baltimore, Md.

Mrs Rachel H. Garrett

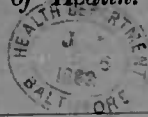
No 65 Burke St.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16 J E 13

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth July 4th. 1882.
 4. Place of Birth, (Street and Number) W. 4th. Clintons Sq.
 5. Full Name of Mother Ida M. Lawrence
 6. Mother's Maiden Name Burns
 7. Mother's Birthplace Cumberland Co. Pennsylvania
 8. Full Name of Father Rev. D. D. Lawrence
 9. Father's Occupation Clergyman
 10. Father's Birthplace Annville Pennsylvania
 Name of Medical Attendant, or other Person who makes this Return. J. R. Battenhall M. D.
 Address 205 W. Biddle St.
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16524

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Negro

3. Date of Birth

July 5th 1882

4. Place of Birth (Street and Number)

Hargrove Alley

5. Full Name of Mother

Mary Scott

6. Mother's Maiden Name

Mary Brooks

7. Mother's Birthplace

St. Mary's County Md

8. Full Name of Father

Isaac Scott

9. Father's Occupation

Waiter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Thos. G. Ware

Address

127 St Paul St

Remarks

✓

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56528

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (7th) Seventh

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 5th 1892

4. Place of Birth, (Street and Number) 559 W. Pratt St

5. Full Name of Mother, Maggie Louisa Jones

6. Mother's Maiden Name, Maggie Louisa Richardson

7. Mother's Birthplace, 111 Gorman Ave. Md

8. Full Name of Father, Edward Randolph Jones

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return

J. H. Himmelschein, M.D.

Address,

231 W. Fremont St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16126

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1 Birth*
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *Wet*
3. Date of Birth, *5 July*
4. Place of Birth, (Street and Number) *Lombert Street No. 344.*
5. Full Name of Mother, *Kathe Schwest*
Hubert
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *John Schwest*
8. Full Name of Father, *& Sailor*
9. Father's Occupation, *Baltimore*
10. Father's Birthplace, *Bank Street No. 173*
Name of Medical Attendant, or other Person who makes this Return
Address,
Remarks, *Still in ward*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 5th 1882.

4. Place of Birth, (Street and Number)

363 William St,
Geles. E. Gregory.

5. Full Name of Mother,

Mrs. E. Gregory

6. Mother's Maiden Name,

Richmond, Va.

7. Mother's Birthplace,

8. Full Name of Father.

Amos J. Gregory,
Dunester.

9. Father's Occupation,

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall, M.D.

Address.

152 E. Sharp St.

Remarks,



At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ²⁶¹²⁸

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 5th 1882

4. Place of Birth, (Street and Number)

92 Barre St.

5. Full Name of Mother,

Catherine Reirbower.

6. Mother's Maiden Name,

Blackiston

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Carl Reintower.

9. Father's Occupation,

Cigar Box Manufacturer

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall. M.D.

Address,

152 Sharp. St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d Child

1. Sex, (state whether male or female).

Male.

2. *Race or Color, (if not of the white race)*

White

3. *Date of Birth,*

July 6th 1882.

4. *Place of Birth, (Street and Number).*

192. N. Barre IV

5. Full Name of Mother,

Kate Bierbower

6. *Mother's Maiden Name,*

11 Blackiston

7. *Mother's Birthplace,*

Baltimore City, Md.

8. *Full Name of Father,*

Colin R. Bierbauer

9. Father's Occupation

Cigar Box Maker.

10. *Father's Birthplace,*

Baltic Ind.

Name of Medical Attendant, or other person who makes this Return.

R. J. N. Tall. M.A.

Address.

524 Sharp, A

Address, 3240 Maple St
 Home No., of Birth Certificate for the above named person?

R. J. H. Tall. M.D.

over

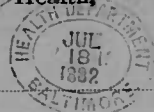
[illegible]

any person attending, procuring, inducing, or assisting in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56529

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 5th 1892

4. Place of Birth, (Street and Number)

167 Burgundy St

5. Full Name of Mother,

Mary Baker

6. Mother's Maiden Name,

" Kach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bernard Russell

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary Kach

Address

328 South Eutaw St

Remarks

any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1630

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Male
Colored
July 5th 1882
240 Sider ally
Harrett hall
Harrett Harriet
Maryland
Robert hall
Barber
Talbot county
Mary Ann Lawry
53 Perry street
five dollars

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *5th July 8th.*
4. Place of Birth (Street and Number) *14 Bolton alley*
5. Full Name of Mother *Leornelia Mossell*
6. Mother's Maiden Name *Leornelia Allen*
7. Mother's Birthplace *Leavroell Geo. Ind.*
8. Full Name of Father *Benjamin Mossell*
9. Father's Occupation *Mailman*
10. Father's Birthplace *Leavroell Geo. Ind.*
Name of Medical Attendant, or other Person who makes this Return. *A. M. Hall M.D.*
Address *262 Sharp St.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16532

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 5th 1882

4. Place of Birth (Street and Number)

18 S. Spring

5. Full Name of Mother

Emma Steever

6. Mother's Maiden Name

Emma Courtney

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Samuel W. Steever

9. Father's Occupation

Coach Painter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Jno. S. Lynch M.D.

Address

No. 1 S. Broadway

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether adult-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56523

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

name of child: *Flora Nathalia Dingle*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 5th 1882*

4. Place of Birth, (Street and Number) *249 E. Biddle St.*

5. Full Name of Mother, *Anna Elizabeth Dingle*

6. Mother's Maiden Name, *Uhlmann*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Wm Dingle*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant,

or other Person who makes this Return

S. W. Sildub W. D.

Address,

S. E. Cor. Eager & Caroline St.

Remarks,



DULANEY & CO. CITY PRINTERS AND STATIONERS

live
days
medical
aiden

RETURN OF A BIRTH. 56534

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 76134

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 5th 1882

4. Place of Birth, (Street and Number)

Appt 35 Denmark Alley

5. Full Name of Mother

Mary Child

6. Mother's Maiden Name

Mary Smith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Anton Field

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Send Hartleigense

Address

182 E. Monument

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth, ...

July 5th 1882

4. Place of Birth, (Street and Number)

No. 16 Hull st

5. Full Name of Mother,

Maria Ehrman

6. Mother's Maiden Name,

" Hoff.

7. Mother's Birthplace,

City

8. Full Name of Father.

Friedrick Ehrman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank st

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16536

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 5th 1882

4. Place of Birth, (Street and Number)

228 S Bethel st

5. Full Name of Mother,

Elizabeth Bovin

6. Mother's Maiden Name,

" Hankel

7. Mother's Birthplace,

City

8. Full Name of Father,

John Bovin

9. Father's Occupation,

Mariner

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Beth

Address,

120 Bank st

Remarks,

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 5th, 1882

4. Place of Birth, (Street and Number)

118 Sharp St

5. Full Name of Mother,

Ema Lange

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ferdinand Lange

9. Father's Occupation,

laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return

J. Lowersmith M.D.
330 Hanover St

Address.

Remarks.

RETURN OF A BIRTH

5638

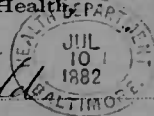
I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th White
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 5th 1882

4. Place of Birth, (Street and Number)

1314 Hanover St.

5. Full Name of Mother,

Marrianna Fitch

6. Mother's Maiden Name,

Frank

7. Mother's Birthplace,

America

8. Full Name of Father,

Samuel Fitch

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. Carpenter my wife

Address.

350 Hanover St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16529

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 5th 1882

4. Place of Birth, (Street and Number)

Biddle St. No 34.

5. Full Name of Mother,

Marie Conrad

6. Mother's Maiden Name,

Marie Petrick

7. Mother's Birthplace,

Ravenna Bohemia

8. Full Name of Father,

John Conrad

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Pacin

Name of Medical Attendant, or other Person who makes this Return

Josephine Conrad

Address,

No 20 Barnes St.

Remarks.

* That any physician, accouchent, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16540

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

July 5th

4. Place of Birth, (Street and Number)

goodman al 14

5. Full Name of Mother,

Mary Taylor

6. Mother's Maiden Name,

~~Robert Taylor~~

7. Mother's Birthplace,

anacostia county

8. Full Name of Father,

Ben Taylor

9. Father's Occupation,

factory work

10. Father's Birthplace,

anacostia county

Name of Medical Attendant, or other Person who makes this Return

Susan Butler

Address,

224 West Street

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *July 5th*
4. Place of Birth, (Street and Number) *no 36 welcomally*
5. Full Name of Mother, *alas raspberry*
6. Mother's Maiden Name, *alas raspberry*
7. Mother's Birthplace, *colbert county, md*
8. Full Name of Father, *henry hopkins*
9. Father's Occupation, *labourer*
10. Father's Birthplace, *summer setcoun*
Name of Medical Attendant, or other Person who makes this Return *mrs Lydia Porter*
Address *no 4 patps co avenue*
Remarks *healthy child*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

12 H.
Male
Cobite
July 5 H. 1882
616 W. Fayette St.
Amanda Addipon
Amanda Grubb
Baltimore
Geo M. Addipon Esq
Custom House U. S.
Baltimore
Q. W. Easton M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16543

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 6. 1882.

4. Place of Birth (Street and Number)

247 Lauwale St.

5. Full Name of Mother

Melba Mason,

6. Mother's Maiden Name

Jackson

7. Mother's Birthplace

Schenectady, N.Y.

8. Full Name of Father

Dr. J. Mason,

9. Father's Occupation

Lawyer

10. Father's Birthplace

Detroit, Mich.

Name of Medical Attendant, or other Person who makes this Return.

J. F. Ryke M.D.
247 Lauwale St.

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56544

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *July 16, 1882*
4. Place of Birth, (Street and Number) *176 Dallas St.*
5. Full Name of Mother, *Cassie Thomas*
6. Mother's Maiden Name, *Cassie Johnson*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Isaac Thomas*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Beth Md*
Name of Medical Attendant, or other Person who makes this Return *Wm. W. Hackett*
Address, *107 St. Paul St.*
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56545

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
 1. Sex (state whether Male or Female) *Male child*
 2. Race or Color (if not of the white race) *Colored child*
 3. Date of Birth *July 6 1882*
 4. Place of Birth (Street and Number) *West Street No 155*
 5. Full Name of Mother *Jane Camphor*
 6. Mother's Maiden Name *Dianra Camphor*
 7. Mother's Birthplace *Cambridge, Mass*
 8. Full Name of Father *James Hollin*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Accomac County, Vir.*
 Name of Medical Attendant, or other Person who makes this return *Dianra Camphor*
 Address *West Street No 155*
 Remarks *Very good condition*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56546

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female) ..

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 6th 1882

4. Place of Birth, (Street and Number)

115 S Register St

5. Full Name of Mother,

Augusta Knauf.

6. Mother's Maiden Name,

" Meyer

7. Mother's Birthplace,

City

8. Full Name of Father,

August Knauf

9. Father's Occupation,

Agent

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

Print any statements, accounts, and bills, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56547

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1882
4. Place of Birth, (Street and Number) Clarendon St No 14
5. Full Name of Mother, Rosa Stricklin
6. Mother's Maiden Name, Rosa Morsell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jesse Stricklin
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 10 Alys St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56548

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 rd*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colrd*
3. Date of Birth *July 6th 1882*
4. Place of Birth (Street and Number) *# 103 Cathedral St*
5. Full Name of Mother *Ida Belle Finkbe*
6. Mother's Maiden Name *Ida. B. Dickerson*
7. Mother's Birthplace *Richmond Va*
8. Full Name of Father *Edward Bradley Finkbe*
9. Father's Occupation *waiter*
10. Father's Birthplace *Henrico Co" Va*
Name of Medical Attendant, or other Person who makes this Return. *Anna Johnson. Midwife*
Address *092 Lyson St*
Remarks *The child was born in a healthy condition*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 6th

4. Place of Birth, (Street and Number)

11 E Fayette

5. Full Name of Mother,

Rachel Intz

6. Mother's Maiden Name,

Darke

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Intz

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who
make this Return

Sarah Lisper

Address,

11 E Lombard

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or situate at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56550

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
 1. Sex (state whether Male or Female) *Male.*
 2. Race or Color (if not of the white race) *White,*
 3. Date of Birth *July 6, 1882*
 4. Place of Birth (Street and Number) *182 N. Wolf St.*
 5. Full Name of Mother *Lizzie Sidenstricker,*
 6. Mother's Maiden Name *Lizzie Lutsinger,*
 7. Mother's Birthplace *Baltimore City,*
 8. Full Name of Father *Wm. C. Sidenstricker,*
 9. Father's Occupation *Carpenter,*
 10. Father's Birthplace *Baltimore City,*
 Name of Medical Attendant, or other Person who makes this Return. *John Chamberlain*
 Address *133 N. Epton*
 Remarks

Return of a Birth

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56551

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th / July
4. Place of Birth, (Street and Number) 30 Belland St
5. Full Name of Mother, Kate Gammon
6. Mother's Maiden Name, Kate Len Gaster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Jacob Gammon
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56552

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negro
3. Date of Birth July 6th 1882
4. Place of Birth (Street and Number) 21 Hamilton St.
5. Full Name of Mother Russie H. B. Mallory
6. Mother's Maiden Name " " Bond
7. Mother's Birthplace Balto. City
8. Full Name of Father Charles Mallory
9. Father's Occupation Barber
10. Father's Birthplace Balto. City
- Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner
- Address 120 N. Greene St.
- Remarks

recd record of vital statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56513

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 6th 1882*
4. Place of Birth (Street and Number) *712 Light St*
5. Full Name of Mother *Katherine Vickers*
6. Mother's Maiden Name *Katherine Helmer*
7. Mother's Birthplace *New Jersey*
8. Full Name of Father *Isaac Vickers*
9. Father's Occupation *Ship Carpenter*
10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Dr. Crookm. D.
373 Light St

Address

Remarks

RETURN OF A BIRTH

56514

56554

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "JUL 14 1882" is stamped in three lines.

WARNING: To Buy and to Receive your Ticket, please call 1-800-828-8282.

μλ

Female

6th July.

400 Caratoza

Jennie

Wilinsky

Alexander Cohen

Germany

Bo Thier

German

Germania
Lettwurtz (Mo)

1890-1891
#7 Mayette

Remarks

RETURN OF A BIRTH

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant,

or other Person who makes this return.

Address

Remarks

Child (3rd)

Male

White

July 6th, 1882

No. 117 North Broadway

Mrs. Ida Jane France

Mrs. Ida Jane Baltimore

Baltimore, Md.

Mr. J. J. France

Salesman

Baltimore, Md.

Dr. H. C. Glenderson M.D.

No. 102 North Broadway

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56556

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 6th 1882

4. Place of Birth (Street and Number)

Cor. Arquithrd & McElroy St

5. Full Name of Mother

Augusta Overbeck

6. Mother's Maiden Name

"Baer"

7. Mother's Birthplace

8. Full Name of Father

Wm. F. Overbeck

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. E. Whitford M.D.

Address

#195 Arquith St

Remarks

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56557

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 6th 1882

4. Place of Birth, (Street and Number)

199 Dolphin Street

5. Full Name of Mother,

Josephine White

6. Mother's Maiden Name,

Josephine Burley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry White

9. Father's Occupation,

black

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Samuel Powell M.D.

Address,

1029 Fifth Street

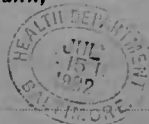
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 1658

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 6th
4. Place of Birth (Street and Number) No 8 Columbia Avenue
5. Full Name of Mother Emma Authers
6. Mother's Maiden Name Emma Hornick
7. Mother's Birthplace Baltimore
8. Full Name of Father William Authers
9. Father's Occupation Machineist
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Horigan,
Address 112 West 1st
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

56559
Pumpkin
Female
White
July 6th. 1882
109 Cr Lombard
Elyza H. Praithen
Elyza H Jewell
Anna Grandall Co. Inc
Wm. P. Praithen
Farmer
Va.

A. A. Saffin M.D.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

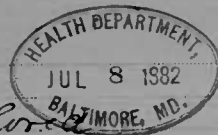
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



female
Colored
6 day July
108 Pearl alley
Clara Clarkson
Eastern shore Va
Louis Clarkson
Sweden
Eastern shore Va
Mrs. Millie Whist
Baltimore Md
all night

RETURN OF A BIRTH ⁵⁶⁵⁶¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 2, 1892

4. Place of Birth, (Street and Number)

143 Broadway Alley

5. Full Name of Mother,

Louisa Pfaffhuber

6. Mother's Maiden Name,

" Jouch

7. Mother's Birthplace,

Ken - Hesse - Germany

8. Full Name of Father,

Arnold Pfaffhuber

9. Father's Occupation,

Shoe-maker

10. Father's Birthplace,

Ken - Hesse - Germany

Name of Medical Attendant, or other Person who makes this return

Marybach

Address.

325 South Euterpe

Remarks,

Quin

That any person who advises at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, last, first, and middle, of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56562

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

Sex (state whether male or female)

Male

Race or Color, (if not of the white race)

white race

Date of Birth

July the 4th

Place of Birth, (Street and Number)

Baltimore port as No 44

Full Name of Mother

Kate Dudley

Mother's Maiden Name

Kate Birkbe

Mother's Birthplace

York pa

Full Name of Father

William Day Dudley

Father's Occupation

labourer

Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this return.

Elizabeth Kuthorn

Address

William St No 34

Remarks

RETURN OF A BIRTH 56563

that only physician, nurse, or other person who shall attend, assist or advise at the birth of any child, within the city of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5663

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4 Birth

1. Sex. (state whether male or female)

Girl

2. Race or Color. (if not of the white race)

White

3. Date of Birth.

7 July

4. Place of Birth. (Street and Number)

Lombard Street No 883.

5. Full Name of Mother.

Elizabeth Gotin

6. Mother's Maiden Name.

Hemdeser

7. Mother's Birthplace.

Rahenhat England.

8. Full Name of Father.

Willi Gotin

9. Father's Occupation.

Laborter

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Bank Street No 143.

Address,

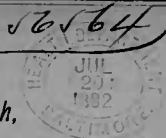
Remarks,

Dr. Maurer

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *July 7-1882*
 4. Place of Birth (Street and Number) *211 N. Biddle St.*
 5. Full Name of Mother *Louisa Farmer*
 6. Mother's Maiden Name *Windsor*
 7. Mother's Birthplace *Annapolis*
 8. Full Name of Father *John W. Farmer.*
 9. Father's Occupation *Clerk*
 10. Father's Birthplace *Baltimore.*
 Name of Medical Attendant, or other Person who makes this Return. *W. E. Mosley M. D.*
 Address *248 N. Eutaw St.*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *7th July*
4. Place of Birth (Street and Number) *53. Stockholm Street*
5. Full Name of Mother *Mary Chambers*
6. Mother's Maiden Name *Chambers*
7. Mother's Birthplace *Baltimore Maryland*
8. Full Name of Father *Andrew Smith*
9. Father's Occupation *Bricklayer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Lurney Miller*
- Address *22 Stockholm Street*
- Remarks *All doing well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56566

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Children of 16*
 1. Sex (state whether Male or Female) *Female Child*
 2. Race or Color (if not of the white race) *Copleres*
 3. Date of Birth *7 July the 14*
 4. Place of Birth (Street and Number) *Charles Street No 402*
 5. Full Name of Mother *Helen Johnson*
 6. Mother's Maiden Name *Charlotte Brautt*
 7. Mother's Birthplace *Chester town Md D*
 8. Full Name of Father *Thomas Johnson*
 9. Father's Occupation *Brick maker*
 10. Father's Birthplace *Baltimore City*
 Name of Medical Attendant, or other Person who makes this return *Dr. Diana Thompson*
 Address *West Street No 18 & 19*
 Remarks *Very good condition*

Certificate Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56567

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 7th of July 1882.
 4. Place of Birth, (Street and Number) 360 East Orleans street.
 5. Full Name of Mother, Eda Heisler.
 6. Mother's Maiden Name, Ida McCurda.
 7. Mother's Birthplace, Baltimore.
 8. Full Name of Father, James A. McCurda.
 9. Father's Occupation, Carpenter.
 10. Father's Birthplace, Baltimore.
 Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel
 Address, 12 North Chappel street per Justina Kunkel
 Remarks, Healthy.

RETURN OF A BIRTH 57168

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1868

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 7 1868
4. Place of Birth, (Street and Number) 143 Dismal street
5. Full Name of Mother Margaret Jane Pierce
6. Mother's Maiden Name Margaret Jane Linberry
7. Mother's Birthplace Baltimore city
8. Full Name of Father Louis A. Pierce
9. Father's Occupation Librarian
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Mary Connor 158
- Address Collington avenue
- Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 9 1882

4. Place of Birth, (Street and Number)

No 20, Chio av.

5. Full Name of Mother,

Sarah Craton

6. Mother's Maiden Name,

Seble

7. Mother's Birthplace,

America

8. Full Name of Father,

Robert Craton

9. Father's Occupation,

Shipcarpenter

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Longasser midwife

Address,

330 Hanover st

Remarks,

X That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5657A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Free

3. Date of Birth July 7-82

4. Place of Birth (Street and Number) Balt-City - 81 Chestnut St.

5. Full Name of Mother Mary Burke

6. Mother's Maiden Name Balt-City.

7. Mother's Birthplace Balt-City.

8. Full Name of Father Harriet Johnson

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. W. H. 1 Bagwell, M.D.

Address 42 Remondel St. City.

Remarks Physical condition good

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56571*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No one*
1. Sex, (state whether male or female) ... *Female*
2. Race or Color, (if not of the white race) ... *Colored*
3. Date of Birth, ... *7th July*
4. Place of Birth, (Street and Number) *No 1 Rise*
5. Full Name of Mother, ... *Mrs Bouise*
6. Mother's Maiden Name, ... *Lillie Bois*
7. Mother's Birthplace, ... *Maryland*
8. Full Name of Father, ... *Bern. Bouise*
9. Father's Occupation, ... *Prod. Carrier*
10. Father's Birthplace, ... *Richmond va*
- Name of Medical Attendant, or other Person who makes this Return *Mrs M. Blacke*
- Address, ... *53. Carlton St.*
- Remarks, ... *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

56572
July 15

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth July 7th 1882
4. Place of Birth (Street and Number) No 26 Hamstead st
5. Full Name of Mother Mary Holtzman
6. Mother's Maiden Name Mary Seibert
7. Mother's Birthplace Germany
8. Full Name of Father Hermann Holtzman
9. Father's Occupation Sailor
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre, M.D.
- Address 121 E. Balto st
- Remarks

RETURN OF A BIRTH *56573*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 7th 1912*

4. Place of Birth, (Street and Number) *N. 188 Lafayette Ave.*

5. Full Name of Mother, *Emma Tolle*

6. Mother's Maiden Name, *Emma Eskin*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Henry Tolle*

9. Father's Occupation, *Ins. Agent*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Dr. Henry Falzer*
or other Person who
makes this Return

Address, *167 W. Lombard St.*

Remarks,

and the Registrar of the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Not record of vital statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56574

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) H. H.
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 7th
4. Place of Birth (Street and Number) 2885 Hamburg St.
5. Full Name of Mother Ellen J. Welch
6. Mother's Maiden Name Helgenberger
7. Mother's Birthplace City
8. Full Name of Father Winthrop Welch
9. Father's Occupation Miner
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. A. C. Burch, M.D.
- Address 1514 Monroe St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16571

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (~~state whether male or female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

July 7th 1882

4. Place of Birth (Street and Number)

158 S. Calverton Avenue

5. Full Name of Mother

Sarah E. Meyer

6. Mother's Maiden Name

Sarah E. Meyer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James Meyer

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

W. W. Colburn

Address

343 W. Lombard St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child
male

1. Sex, (state whether male or female).

white

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 7/82
115 S. Bond St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Ellen Hodges

6. Mother's Maiden Name,

" Connor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Augustin Hodges

9. Father's Occupation,

Car Maker

10. Father's Birthplace,

A. A. Co. Md.

Name of Medical Attendant, or other Person who makes this return.

R. W. Mansfield M. D.

Address,

117 S. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56577

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday July 7th 1882

4. Place of Birth, (Street and Number)

236 Afton Place

5. Full Name of Mother,

Agnes Birtley Green

6. Mother's Maiden Name,

Agnes Birtley

7. Mother's Birthplace,

Baltimore Co. Md.

8. Full Name of Father,

Oliver Green

9. Father's Occupation,

An Employee of Electric Light Co.

10. Father's Birthplace,

Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return

William Brinton M.D.

Address,

25 1/2 Greenmount Ave

Remarks,

Vertex Presentation

56578
JUL 26 1892
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Susan Brooks White
3. Date of Birth July 7th 1892
4. Place of Birth (Street and Number) 83 Church St
5. Full Name of Mother Susan Brooks
6. Mother's Maiden Name Cole
7. Mother's Birthplace Balt. Md.
8. Full Name of Father William Brooks
9. Father's Occupation Carpenter
10. Father's Birthplace Canada
Name of Medical Attendant, or other Person who makes this Return. W. B. Billingsley
Address 256 E. Johns St
Remarks 246 E. Preston St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 52579

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 7 1882

4. Place of Birth, (Street and Number) 148 Euter St

5. Full Name of Mother Emma Rose

6. Mother's Maiden Name M. Lillians

7. Mother's Birthplace Balt.

8. Full Name of Father Geo. Moore

9. Father's Occupation Bricklayer

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return. Edward P. M. De Witt

Address 54 Anscombe St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 7th*

4. Place of Birth, (Street and Number) *N. W. Granby St.*

5. Full Name of Mother, *Emma Goodman*

6. Mother's Maiden Name, *" Herskman*

7. Mother's Birthplace, *Edward Goodman Germany*

8. Full Name of Father, *" "*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Sophia Simon*
or other Person who makes this Return

Address, *Sum. N. W. Granby St.*

Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16551

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 7th 1887

4. Place of Birth, (Street and Number)

616 Light St

5. Full Name of Mother,

Maggie H. Miller

6. Mother's Maiden Name,

Clappie A. Hubbard

7. Mother's Birthplace,

Frederick, Md

8. Full Name of Father,

John H. Miller

9. Father's Occupation,

Cox Wincy

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooke, M.D.

Address.

140 Hanover St

Remarks.

Enter name of child and statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or assist at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5682

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W. I. P. P. P.

3. Date of Birth,

12 24 & Oct 1882

4. Place of Birth, (Street and Number)

Blumen St. No. 1

5. Full Name of Mother,

William

6. Mother's Maiden Name,

Baird

7. Mother's Birthplace,

Geo. W. Shuler

8. Full Name of Father,

James

9. Father's Occupation,

Baird

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Geo. L. Williams, M.D.

Address

77 S. Broadway

Remarks,

RETURN OF A BIRTH ¹⁶⁵⁸³

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10 1882

4. Place of Birth, (Street and Number) 211 N. Queen St.

5. Full Name of Mother, Sarah E. Hudson

6. Mother's Maiden Name, Daiger

7. Mother's Birthplace, Bridgeton

8. Full Name of Father, Joshua W. Hudson

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Worcester, England

Name of Medical Attendant, or other Person who makes this Return Dr. J. G. Harrison M.D.

Address 770 N. Broadway

Remarks,

"I, the undersigned, being a duly qualified physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Let any physician, accoucheur, midwife, or other person in charge, who shall attempt, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

165824

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4^o
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th '92
4. Place of Birth, (Street and Number) 139 Ind. Ave
5. Full Name of Mother, Mary M. Pearson
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Penn.
8. Full Name of Father, James Pearson
9. Father's Occupation, Blacksmithing
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return. F. B. Bruce
- Address, 365 W. Charles St
- Remarks, _____

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16580

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Lat July 8th 82

4. Place of Birth, (Street and Number)

Eastward St Marys St

5. Full Name of Mother,

Julia Dennis

6. Mother's Maiden Name,

Daly

7. Mother's Birthplace,

Essex Co Va

8. Full Name of Father,

John C Dennis

9. Father's Occupation,

Solicitor

10. Father's Birthplace,

Lancashire Eng

Name of Medical Attendant, or other Person who make this Return

J C Nelson M D

Address,

215 E Baltimore St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57586

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex, (state whether male or female) *male Child*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth, *July 8*
4. Place of Birth, (Street and Number) *no 50 China St*
5. Full Name of Mother, *Sarah J young*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Gross*
9. Father's Occupation, *millery gross*
10. Father's Birthplace, *no 12 Penn alv*
- Name of Medical Attendant, or other Person who makes this Return
- Address, *no 12 Penn alv*
- Remarks, *no 12 Penn alv*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16587

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 8, 1882
340 E. Madison Street
Florence Sherman
" Andersen
Baltimore City
George Sherman
Plaster
Baltimore City
W. H. Sherman
46 E. Baltimore

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or
 who at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
 born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
 of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ✓ 6588

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

July 8th 1882

4. Place of Birth, (Street and Number)

No 6 Madison St Canast

5. Full Name of Mother,

Mary Morgan

6. Mother's Maiden Name,

Mary Wheatley

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

George Morgan

9. Father's Occupation,

Hostler

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

451 Fayette St

Remarks,

and Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or deliver any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. *Full Name of Father*

9. Father's Occupation

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56590

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 2nd, 8. 1882*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return

56591

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *William Aug. Watson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *8 July (8) 3rd*

4. Place of Birth, (Street and Number) *45 Bester st.*

5. Full Name of Mother, *Anna (Watson) Watson*

6. Mother's Maiden Name, *" Linker*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *William W. (Watson) Watson*

9. Father's Occupation, *Paint Store*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other Person who makes this Return *Mrs Rosa Allig*

Address, *45 76 Alland*

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16592

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th child
Male
JUL 12 1892
BALTIMORE

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 8th 1882

4. Place of Birth, (Street and Number)

106 1/2 Light St
Mary Schmitt

5. Full Name of Mother,

Boim

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Richard Schmit

9. Father's Occupation,

Engineer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schmoasser midwife
330 Hanover St

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56593

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 8th 1882*
4. Place of Birth, (Street and Number) *194 East Madison*
5. Full Name of Mother, *Isabella Warthen*
6. Mother's Maiden Name, *Isabella Galloway*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Warthen*
9. Father's Occupation, *Rail Road fireman*
10. Father's Birthplace, *Atlantic ocean - coming from Scotland*
- Name of Medical Attendant, or other Person who makes this Return, *David V. Moyer M.D.*
- Address, *No 170 Airguish street*
- Remarks, *Child in good physical condition - Balt 2nd*

Wm J. G. DULANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 56594,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16594

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday July 8th.
4. Place of Birth, (Street and Number) 275 - Adelphi St.
5. Full Name of Mother, Josephine Wellman
6. Mother's Maiden Name, Josephine Maher
7. Mother's Birthplace, Montgomery Co Md.
8. Full Name of Father, Edward H. Wellman
9. Father's Occupation, An Employee of N. C. & P.
10. Father's Birthplace, Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return, William D. Dwyer M.D.
Address, 25 1/2 Greenmount Ave.
Remarks, Ventr. Presentation.

16595

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 8th. 1882

4. Place of Birth, (Street and Number)

No. 144 Fossitt St.

5. Full Name of Mother.

Maria Enderling

6. Mother's Maiden Name,

Maria Stone

7. Mother's Birthplace,

England

8. Full Name of Father,

Thomas Stone

9. Father's Occupation,

Pastrer

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who

make this Return

W. A. Butt

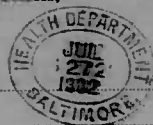
Address, No. 185 S. E. cor Centre and Monument

Remarks, All Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16576

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 9. 1882

4. Place of Birth, (Street and Number)

Baltimore 99 Herman St

5. Full Name of Mother,

Francis Hinker

6. Mother's Maiden Name,

in Stuebe

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Hinker

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs C. Seebach

Address,

439 west Pratt St

Remarks,

Balt.

That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56597

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth, ...

July 8th 1882

4. Place of Birth, (Street and Number)

No 329 S Bond st

5. Full Name of Mother, ...

Anna Bishel

6. Mother's Maiden Name, ...

" Lambert

7. Mother's Birthplace, ...

Germany

8. Full Name of Father, ...

Albert Bishel

9. Father's Occupation, ...

Carpenter

10. Father's Birthplace, ...

Germany

Name of Medical Attendant, or other Person who make this Return

Mrs Elizabeth Bishel

Address, ...

120 Bank St.

Remarks, ...

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or
advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16598

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male's

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 8 1882

4. Place of Birth, (Street and Number)

57 Burke St
Magdalena Weisner

5. Full Name of Mother,

Bencker

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

8. Full Name of Father,

John Weisner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

Twins

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th July

4. Place of Birth, (Street and Number) 376 W. McHenry st

5. Full Name of Mother, Katie Thirles

6. Mother's Maiden Name, Mary Cook

7. Mother's Birthplace, Glencott, Md

8. Full Name of Father, Franklin Thirles

9. Father's Occupation, Street Sweeper

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this return M. J. Leman

Address, 437 W. McHenry st

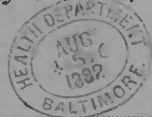
Remarks, 7 oz 1 lb

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16600

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 8th 1882*
4. Place of Birth, (Street and Number) *107 Jackson st*
5. Full Name of Mother, *Caroline M. Woods*
6. Mother's Maiden Name, *Caroline M. Boulclan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles E. Woods*
9. Father's Occupation, *Bookkeeper*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

E. C. Baldwin M.D.

Address, *124 N. Eyster st*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *7667*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 8th 1882*

4. Place of Birth, (Street and Number) *No. 112 Boyd St*

5. Full Name of Mother, *Anne Schellenberger*

6. Mother's Maiden Name, *Schwighofer*

7. Mother's Birthplace, *Telg. Baufen*

8. Full Name of Father, *August Schellenberger*

9. Father's Occupation, *Schwe macker*

10. Father's Birthplace, *Wittenstein*

Name of Medical Attendant, or other Person who makes this Return *Anne Lindner*

Address, *No. 45 S. Monroe St*

Remarks,

✓6602,

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "JUL 13 1882" is stamped in three lines.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th July 1882
4. Place of Birth, (Street and Number) No 186 Chesh.
5. Full Name of Mother, Mrs. Wagner
6. Mother's Maiden Name, Ernestina Kremer
7. Mother's Birthplace, Baden Germany
8. Full Name of Father, Mr. Wagner
9. Father's Occupation, Dry good store
10. Father's Birthplace, Baden, Germany

or other Person who
makes this Return

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56603*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *8 of July*

4. Place of Birth, (Street and Number) *40 Patterson Park, N*

5. Full Name of Mother, *Mary Wiley*

6. Mother's Maiden Name, *Mtzel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Wiley*

9. Father's Occupation, *Broth Dealer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*

Address, *N. 12 Patterson Park, N*

Remarks.

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56604

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

First (1st)

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

July 8th, 1882

4. Place of Birth, (Street and Number)

No 65 North Bond Street

5. Full Name of Mother,

Mrs. Phebe S. Moore

6. Mother's Maiden Name,

Miss Phebe S. Maxwell

7. Mother's Birthplace,

Baltimore County, Md.

8. Full Name of Father,

Aquitas O. Moore

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return

Wm. H. Glendiner M.D.

Address,

No 102 North Broadway

Remarks,

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 1882

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5th
Female

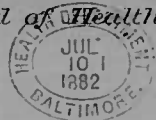
July 8 1882
307 1/2 Frank St.
Mary J. McShane
" B. McShane
Ct. St. Md.
John H. McShane
2nd Floor
Baltimore
Edward J. McShane
54 Aspinwall St.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16606

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White

July 9th 82

2 Union St.

Julia L. W. Grant

New York

Chas. W. Grant

R.R. Employee

New York

J. B. Reese

365 N. Charles St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female)
2. Race or Color (if not of the white race)
3. Date of Birth: *July 9 7.9.82*
4. Place of Birth (Street and Number) *100 George*
5. Full Name of Mother *Marilla Gaus*
6. Mother's Maiden Name *Richardson*
7. Mother's Birthplace *Ballo*
8. Full Name of Father *Arthur L. Gaus*
9. Father's Occupation *Contractor*
10. Father's Birthplace *Harrisburg Pa*
- Name of Medical Attendant, or other Person who makes this Return. *Wm Eastman*
- Address *349 West*
- Remarks

52607

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 52608

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *July 7th 1882*
4. Place of Birth, (Street and Number) *310 Madras St.*
5. Full Name of Mother, *Jarah Burnett Anderson*
6. Mother's Maiden Name, *Jarah Burnett*
7. Mother's Birthplace, *Brown-Tree Md*
8. Full Name of Father, *Wm Anderson*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Eastern Shore Md*
- Name of Medical Attendant, or other Person who makes this Return *Reah Hachen*
- Address, *415 S. Ocean St.*
- Remarks,

REGISTRAR OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56609

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 9th '82
4. Place of Birth, (Street and Number) No. 28 Penna. Avenue
5. Full Name of Mother Fannie Packet
6. Mother's Maiden Name Weinberg
7. Mother's Birthplace Germany
8. Full Name of Father Nathan Packet
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.
- Address 112 N. Greene St.
- Remarks _____

RETURN OF A BIRTH 56610

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 9th 82

4. Place of Birth, (Street and Number) 282 W Middle St

5. Full Name of Mother, Georgiana Brown

6. Mother's Maiden Name, Georgiana Gibson

7. Mother's Birthplace, Md

8. Full Name of Father, David O Brown

9. Father's Occupation, Coachman

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return

J. H. M. D.
89 Monroe St.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 children
1. Sex (state whether male or female) Male child
2. Race or Color, (if not of the white race) Caucasian child
3. Date of Birth July 9 1882
4. Place of Birth, (Street and Number) No 2 South Bethel St
5. Full Name of Mother Caroline Stanley
6. Mother's Maiden Name Caroline Ross
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Joseph Stanley
9. Father's Occupation White Washer
10. Father's Birthplace Cambridge
- Name of Medical Attendant, or other Person who makes this Return. Harriet B. B. B.
- Address 18 St Bethel St
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16612

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Male

July 9 1882

#297 S Wallis Str

Lizzie Kelbert

Ringelbacher

Missouri

George Kelbert

Caulmaker

New York

Mrs Louise Kraft

#236 Canton Ave

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16613

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9 July

4. Place of Birth, (Street and Number) 109 Ensor st.

5. Full Name of Mother, Maggie Hoeck

6. Mother's Maiden Name, Burnett

7. Mother's Birthplace, Balt.

8. Full Name of Father, Henry Hoeck

9. Father's Occupation, Sivery stable

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return

Mrs Rose Allig

Address,

48 76th and
st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *9 July*

4. Place of Birth, (Street and Number) *Eager Street No 191*

5. Full Name of Mother, *Jessie Holte Stahlmeier*

6. Mother's Maiden Name, *Jessie Holte*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Stahlmeier*

9. Father's Occupation, *molder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Anna Walker 239*
or other Person who makes this Return

Address, *Eager Street*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 9th 1882

4. Place of Birth, (Street and Number)

242 N. Chopland St.

5. Full Name of Mother,

Ann Rebecca Gilly

6. Mother's Maiden Name,

Mrs. Rebecca Oliver

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James Gilly

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel S. Garrett

Address,

No. 65 Burke St.

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56616

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) Celhard
 3. Date of Birth July 9th 1882
 4. Place of Birth (Street and Number) Oxford St No 93.
 5. Full Name of Mother Georgianne Brown
 6. Mother's Maiden Name Georgianne Clayton
 7. Mother's Birthplace Baltimore city, Vine St
 8. Full Name of Father Reuben R. Brown
 9. Father's Occupation Waiter
 10. Father's Birthplace New Market Frederick Co Md
 Name of Medical Attendant, or other Person who makes this Return. Mrs Anne Johnson
 Address 92 Johnson Street
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56617

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 9th 1882

4. Place of Birth, (Street and Number)

No 96 Prospect Lane

5. Full Name of Mother,

M. Strasburger

6. Mother's Maiden Name,

M. Fisher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Strasburger

9. Father's Occupation,

Taylor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *9th July*

4. Place of Birth, (Street and Number) *108. Glen E*

5. Full Name of Mother, *Minnie Mares*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Washington*

8. Full Name of Father, *Williams Mares*

9. Father's Occupation, *Saddle Maker*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return *J. J. Grop m.d.*

Address, *137 Orleans St*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

566 19

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ninth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 9th 1888

4. Place of Birth, (Street and Number)

566 E. Gay St.

5. Full Name of Mother,

Johanna Weiss

6. Mother's Maiden Name,

Munch

7. Mother's Birthplace,

Baronia

8. Full Name of Father,

Charles Weiss

9. Father's Occupation,

Driver

10. Father's Birthplace,

Munsterberg, Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Torck

Address,

328 South Eutaw St.

Remarks,

Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56630

To the Office of Registrar of Vital Statistics, Board of Health;

Rosina C Gerhardt

BALTIMORE CITY. *July 11th 1882.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 9th 1882*
4. Place of Birth, (Street and Number) *41 Bethel Street*
5. Full Name of Mother, *Erselene Gerhardt*
6. Mother's Maiden Name, *Erselene Krutchnar*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Theodore Gerhardt*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend.*

Address, *137 South Wolfe Street*

Remarks, *C 11*



RETURN OF A BIRTH

56621

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56621*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 White*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7th July*
4. Place of Birth, (Street and Number) *2 Boston St*
5. Full Name of Mother, *Mary Glingelhofer*
6. Mother's Maiden Name, *Bugeler*
7. Mother's Birthplace, *York 6th*
8. Full Name of Father, *Wilhelm Glingelhofer*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *1012 Patterson Park*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56622

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, July 10 1882
 4. Place of Birth, (Street and Number) 127 Dunedin St
 5. Full Name of Mother, Annie Brown
 6. Mother's Maiden Name, Abn Thacker
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Henry Brian
 9. Father's Occupation, Chester
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Chas E Gray
 Address, 193 Chester St
 Remarks, Healthy

Wm. J. C. DILLARY & CO., CITY PRINTERS AND STAT. DRGERS.

RETURN OF A BIRTH

56623

t or
aid,
from-
ence

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56623

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 10th 1882

4. Place of Birth (Street and Number)

No 200 N. Caroline St.

5. Full Name of Mother

Magge Zimmerman

6. Mother's Maiden Name

Weyers

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Zimmerman

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Jehanna Sherer

Address

No. 4 Thayer Alley. City

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56624

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,

July 10th 1882
387 N Gilman
Florence M Wicks

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Loose
Baltimore
Henry Wicks
Coach Painter

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Baltimore
Elias L Price M.D.
262 Madison Ave

Name of Medical Attendant, or other Person who
makes this Return.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56625

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth July 10th 1882
 4. Place of Birth, (Street and Number) No 367th St. Bayview
 5. Full Name of Mother Mary Hirschenkofen
 6. Mother's Maiden Name Mary Reinhard
 7. Mother's Birthplace Germany
 8. Full Name of Father E. Hirschenkofen
 9. Father's Occupation Carriage Maker
 10. Father's Birthplace New York
 Name of Medical Attendant, or other Person who makes this Return. Leon H. Rogers
 Address 52 E. Main Street
 Remarks

RETURN OF A BIRTH 56626

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar Aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56626

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color. (if not of the white race)

Black

3. Date of Birth.

July 10 1892

4. Place of Birth, (Street and Number)

163 S. Bethel Str

5. Full Name of Mother.

Lilya Myers

6. Mother's Maiden Name.

" " " " (single)

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Andre John

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks.

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or
 vice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
 born, its or their physical condition, whether still born or not, the full name, nativity, and residence
 of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56627

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 16th July

4. Place of Birth, (Street and Number) 4 Borman Court

5. Full Name of Mother, Emma Williams May

6. Mother's Maiden Name, Emma Williams

7. Mother's Birthplace, Anne Arundel Co.

8. Full Name of Father, John Brady

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore County, Md.

Name of Medical Attendant, or other Person who makes this Return

Address, 325 N. 1st St.

Remarks, 2nd child

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56628

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth July 10th 1882

4. Place of Birth (Street and Number) 258 Hanover St.

5. Full Name of Mother Mary F. Michael

6. Mother's Maiden Name Mary Fisher

7. Mother's Birthplace B.C.

8. Full Name of Father George Albert Michael

9. Father's Occupation Harness maker.

10. Father's Birthplace B.C.

Name of Medical Attendant, or other Person who makes this Return. J. Harvey Hill M.D.

Address 119 W. Edwards Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH. 56629

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 10th 1882*

4. Place of Birth (Street and Number) *25 Granby St*

5. Full Name of Mother *Margaret Hoebrich*

6. Mother's Maiden Name *Schwartzkopf*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William G W Hoebrich*

9. Father's Occupation *Cabinet Maker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Dr H. S. Dufferin
H. G. L. H.

Address

Remarks

RETURN OF A BIRTH 56630

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56630

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address.

Remarks.

White
10 May 70/82
X 308 Mulberry St
Maria Brisson
Kahn
Baltimore Md
Geo. J. Brisson
Pharmacist
Baltimore Md
Dr. J. L. Spach
317 N. Lombard St

Return of a Birth, Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56631

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July, 10th 92*

4. Place of Birth, (Street and Number) *24 Paul St*

5. Full Name of Mother, *Catherine Shrom*

6. Mother's Maiden Name, *Catharine Knapp*

7. Mother's Birthplace, *Med*

8. Full Name of Father, *George Shrom*

9. Father's Occupation, *Mechanic*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *89 Green St*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

8 That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16632

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



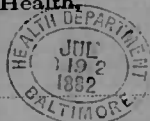
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifteen*
1. Sex (state whether Male or Female) *boy*
2. Race or Color (if not of the white race) *black*
3. Date of Birth *10th of July 1892*
4. Place of Birth (Street and Number) *Yelsons Court 38*
5. Full Name of Mother *Pauline Gold*
6. Mother's Maiden Name *Dualine Laws*
7. Mother's Birthplace *Dorchester County Md*
8. Full Name of Father *George Gold*
9. Father's Occupation *Laborer*
10. Father's Birthplace *City of Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Lydia Somerville*
- Address *13 Clinton Ave*
- Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16633

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 10

4. Place of Birth, (Street and Number)

39 St Pratt

5. Full Name of Mother,

Lizzie Schmiedt

6. Mother's Maiden Name,

Hoskins

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John Schmiedt

9. Father's Occupation,

Shavers Worker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Charles Casper

Address,

12 E. Lombard

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56634

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 10th

4. Place of Birth, (Street and Number)

170 Peabody St

5. Full Name of Mother,

Maggie Sam Larson

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

C. Meierhoff, M.D.

Address,

127 N. Fayette St

Remarks.

Compare Return of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ✓ 6638

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10 July
4. Place of Birth, (Street and Number) 440 Washington st
5. Full Name of Mother, Sophia Hess
6. Mother's Maiden Name, Keller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Hess
9. Father's Occupation, Butcher
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa M. Bigg
4878 Island st

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *16656*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female)..
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

female
Colored
Nov 1st 1882
John 13 1882
Elia Harrison
Port Virginia

Children proctor and
1018 Carlton *ms*

CERTIFICATE OF RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56637

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 10th 1882
No 14 Lee St
Johanna Vogt
Meisell

4. Place of Birth, (Street and Number)

5. Full Name of Mother...

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany
August Vogt
Weaver

8. Full Name of Father...

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Germany
J. Schmoaster midwife
330 Hanover St.

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar in person, or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56638

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (5th)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth July 10th 1882

4. Place of Birth (Street and Number) 82 Woodysen St

5. Full Name of Mother Sophia Kohlerschmidt

6. Mother's Maiden Name Schaller

7. Mother's Birthplace Germany

8. Full Name of Father Henry Kohlerschmidt

9. Father's Occupation Basket maker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return G. Jewett, M. D.

Address 72 Mother St

Remarks

BIRTH 56639

RETURN OF A BIRTH 16639

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return

10th Female

July 11th 1882
204 S Wolfe st

Ernestine Martine

Herman Martine
Grocer

Mrs Elizabeth Potz
124 Bank st.

Missing

56640

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

X That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 566 41

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether male or~~ female)

2. Race or Color (~~if not~~ of the white race)

3. Date of Birth 7. 11. 82

4. Place of Birth (Street and Number) 77 W. Poppleton St

5. Full Name of Mother Alice Rial

6. Mother's Maiden Name Colyer

7. Mother's Birthplace Balto

8. Full Name of Father Mrs. A. Rial

9. Father's Occupation (Practical Pen

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. W. Eastman

Address 349 Lerch

Remarks

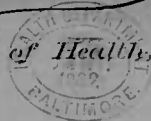
RETURN OF A BIRTH. 566 42

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

July 1882

4. Place of Birth, (Street and Number)

Hominy Lane No 127

5. Full Name of Mother,

Charles Tucker

6. Mother's Maiden Name,

Elaine White

7. Mother's Birthplace,

Barberton, Ohio

8. Full Name of Father,

Charles Tucker

9. Father's Occupation,

labor

10. Father's Birthplace,

Barberton, Ohio

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Moore Esq
No 15 Madison St

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56643

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 day of July 1882

4. Place of Birth, (Street and Number)

118 Greenmount avenue

5. Full Name of Mother,

Mary Kate Kelley

6. Mother's Maiden Name,

Francis Albert Kelley Mary Kate Kelkins

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Francis Albert Kelley

9. Father's Occupation,

car driver

10. Father's Birthplace,

Sevens Town Baltimore County

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Woodin

Address,

120 Greenmount ave

Remarks,

RETURN OF A BIRTH

56644

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 July

4. Place of Birth, (Street and Number)

Bank Street No 173.

5. Full Name of Mother,

Elise Casare

6. Mother's Maiden Name,

Maurer

7. Mother's Birthplace,

Philippsburg Baden.

8. Full Name of Father,

Vicenzo Casare

9. Father's Occupation,

St. Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Bank Street No 173.

Address,

Remarks,

1 mo 2 Maurer.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56645

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth. Batory st 9th
4. Place of Birth (Street and Number) July 11 1884 July 11
5. Full Name of Mother Rosa B Brown
6. Mother's Maiden Name Rosa B Johnson
7. Mother's Birthplace Baltimore Md D
8. Full Name of Father John Brown
9. Father's Occupation Sweeper
10. Father's Birthplace Frederick Md. D
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Dias
- Address Biddle st. 277
- Remarks

56646

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh
Male, Twin

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 11 '82

4. Place of Birth, (Street and Number)

838 E. Fayette St.

5. Full Name of Mother,

Catharine M. McCordle

6. Mother's Maiden Name,

Nelson

7. Mother's Birthplace,

Ind. McCordle

8. Full Name of Father,

Baltimore

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allen

Address, 286 N. Long St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 16 '82
2816 Fayette St
Hester & Hall

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Martinez

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Shepherd & Hall
Iron Worker

9. Father's Occupation,

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allinett

Address, 286 Calverton St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56648

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11 1882
4. Place of Birth, (Street and Number) No. 144 East, Gough St
5. Full Name of Mother, Mrs. Pauline John Rell
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John John
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Getzke
- Address, No. 33. S. Bond St
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16649

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 - July

4. Place of Birth, (Street and Number)

166 Orleans St

5. Full Name of Mother,

Pauline Dannenberg

6. Mother's Maiden Name,

Sontheimer

7. Mother's Birthplace,

Bath

8. Full Name of Father,

Lease Dannenberg

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. J. Shoop

Address,

137 Orleans St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1665A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.
 Sex, (state whether male or female) Female.
 Race or Color, (if not of the white race) _____
 Date of Birth, July 11th 1882
 Place of Birth, (Street and Number) N. E. Cor. Franklin St. & Myrtle St.
 Full Name of Mother, Ella Tully.
 Mother's Maiden Name, " Sharpley.
 Mother's Birthplace, Balto. City.
 Full Name of Father, James Edward Tully.
 Father's Occupation, Clerk.
 Father's Birthplace, Balto. City.
 Name of Medical Attendant, R. J. N. Tall, M.D.
 Address, 152, Sharp St.
 Remarks, _____



✓ *Correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

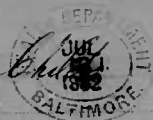
RETURN OF A BIRTH

56651

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 11 - 1882

4. Place of Birth, (Street and Number)

No 173 Guttman's alley
Ella Kane

5. Full Name of Mother

Merner

6. Mother's Maiden Name.

7. Mother's Birthplace,

America
Tom Kane

8. Full Name of Father,

Laborer

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant,

or other Person who makes this Return

J. Schragasser midwife
330 Tanover St.

Address,

Remarks.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56652

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 11th 1889

4. Place of Birth, (Street and Number) 134 E. Calvert St

5. Full Name of Mother Olivia Weaver

6. Mother's Maiden Name Olivia Heitzman

7. Mother's Birthplace New York

8. Full Name of Father Antonio Weaver

9. Father's Occupation Trunkmaker

10. Father's Birthplace Italy

Name of Medical Attendant, or other Person who makes this return.

John Morris, M.D.

Address

15 Franklin St

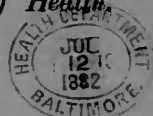
Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56658

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 84
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 11th 1882
4. Place of Birth, (Street and Number) No 89 Magnolia
5. Full Name of Mother Baker Charles
6. Mother's Maiden Name Baker
7. Mother's Birthplace Glasgow
8. Full Name of Father William Tharltz
9. Father's Occupation Resturant
10. Father's Birthplace Germany
- Name of Medical Attendant, or other person who makes this return. John B. Salunk
- Address 101-88 1/2 W. 11th St
- Remarks

John B. Salunk
265 Alice St

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56654

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 11 1882*

4. Place of Birth, (Street and Number) *Martin's St. No. 161*

5. Full Name of Mother, *Kate Edwards*

6. Mother's Maiden Name, *—*

7. Mother's Birthplace, *London Eng.*

8. Full Name of Father, *— Edwards*

9. Father's Occupation, *X*

10. Father's Birthplace, *X*

Name of Medical Attendant, or other Person who makes this Return *Dr. McDermott & Downes*

Address, *Martin's St. No. 161*

Remarks, *Legitimate*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 12th July 1882
4. Place of Birth, (Street and Number) 135 Mulberry St
5. Full Name of Mother Bella McClinton
6. Mother's Maiden Name James
7. Mother's Birthplace Philadelphia Pa
8. Full Name of Father Unknown
9. Father's Occupation
10. Father's Birthplace "
- Name of Medical Attendant, or other Person who makes this Return R B Beeler M D
- Address 130 W Fayette St
- Remarks None

RETURN OF A BIRTH

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the nativity name of the mother of such child or children.

RETURN OF A BIRTH

56656

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

324 Hamburg St.

4. Place of Birth, (Street and Number)

July 12 1882

5. Full Name of Mother,

Lizzie Mann

6. Mother's Maiden Name,

Un Married

7. Mother's Birthplace,

Baronia

8. Full Name of Father,

Hy Mann

9. Father's Occupation,

Cook

10. Father's Birthplace,

Jarvisia

Name of Medical Attendant, or other Person who makes this Return

Mary Knoch

Address,

323 South Euter St.

Remarks,

Correct return of vital statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16657

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 12 '92

4. Place of Birth, (Street and Number)

311 N. Eager St.

5. Full Name of Mother,

Elizabeth J. Armiger

6. Mother's Maiden Name,

J. McQuerry
Baltimore

7. Mother's Birthplace,

Thos. E. Armiger

8. Full Name of Father,

Clerk

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Henry A. Arnold

Address, J. & C. Donaghoe

Remarks,

RETURN OF A BIRTH

16658

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16658

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

July 12, 1882

4. Place of Birth (Street and Number)

129 McCleary Street

5. Full Name of Mother

Ida L. Henderson

6. Mother's Maiden Name

" " Rhodes

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John W. Henderson

9. Father's Occupation

Shoe Cutter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

D. St. Thomas M.D.

Address

66 E Baltimore St

Remarks

That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ¹⁶⁶⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White American*
3. Date of Birth, *19 of July*
4. Place of Birth, (Street and Number) *Chas. Johnson St. 183*
5. Full Name of Mother, *Marie Fisher*
6. Mother's Maiden Name, *Leanne*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Fisher*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Dr. Loomis*
- Address. *1212 E. Baltimore St. Baltimore*
- Remarks.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56660

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6a
- Sex (state whether male or female) Female
 - Race or Color, (if not of the white race) White
 - Date of Birth July 12th 1887
 - Place of Birth, (Street and Number) No 45 Drind. Hill St
 - Full Name of Mother Margaret Hofmann
 - Mother's Maiden Name Margaret Miller
 - Mother's Birthplace Baltimore
 - Full Name of Father Christoph Hofmann
 - Father's Occupation Ice Cream Manufacturer
 - Father's Birthplace Germany
 - Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H.
 - Address W 52 E. Monument
 - Remarks

Record of vital statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or deliver, or who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16661

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *12th July*
4. Place of Birth, (Street and Number) *151 S. Chester*
5. Full Name of Mother, *Matilda Rosetta Sherwood*
6. Mother's Maiden Name, *Wood*
7. Mother's Birthplace, *City*
8. Full Name of Father, *William Francis Sherwood*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *City*
- Name of Medical Attendant, *E. P. Ross M.D.*
or other Person who makes this Return.
- Address, *#375 E. Ballo. St.*
- Remarks, *Child in Convulsions when 8 days old*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1866

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 12*

4. Place of Birth, (Street and Number) *Balt. 11 Myrtle ave,*

5. Full Name of Mother, *Katherine Valentine*

6. Mother's Maiden Name, *Rosendale*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank. Henry Valentine*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Lindner*

Address, *45 Monroe St.*

Remarks,

correct record of vital statistics in the City of Baltimore.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 12th 1882*
4. Place of Birth, (Street and Number) *Sec. Baltimore and Epton st.*
5. Full Name of Mother, *Hannah Serolowitz*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Isaac Serolowitz*
9. Father's Occupation,
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, *Mrs. C. Bernstein*
or other Person who makes this Return
- Address, *113 E. Lombard st.*
- Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

56664

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 12th 1882

4. Place of Birth (Street and Number) # 211 E Lombard St

5. Full Name of Mother Malie Hines

6. Mother's Maiden Name Allen

7. Mother's Birthplace Baltimore

8. Full Name of Father Edward Hines

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F E Hanks M.D.

Address 241 E Baltimore St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5666A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 13 1882*
4. Place of Birth, (Street and Number) *265 N. Fulton St*
5. Full Name of Mother, *Mary Gertrude Turnbull*
6. Mother's Maiden Name, *Mary Gertrude Tabb*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *W H Turnbull*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *J H Miller*
- Address, *171 Mulberry St*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 13th 1882

4. Place of Birth, (Street and Number)

277 Detroit Hill Ave
Alice Louisa Nelson

5. Full Name of Mother,

Bartholomew

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Mrs. Hendrick Nelson

8. Full Name of Father,

Thos. Coulter

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Elias C. Price M.D.

Name of Medical Attendant, or other Person who makes this Return.

262 Madison Ave

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56667

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

July 13th 1882

4. Place of Birth, (Street and Number)

127 Lagrange Lane

5. Full Name of Mother,

Emma Jones

6. Mother's Maiden Name,

Emma Cole

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Charles F. Brown

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Charles C. Ma

Name of Medical Attendant, or other Person who makes this Return

Nedoro Cook Ma

Address,

146 Harrow St

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1668

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 13th 1882

4. Place of Birth, (Street and Number)

784 Balley Avenue

5. Full Name of Mother,

Cinderella R. Stoner

6. Mother's Maiden Name,

Cinderella R. Cronder

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John M. Stoner

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooke M.D.

Address,

146 Nassau

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar in person, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56669

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child born female*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *July the 13, 1882*
4. Place of Birth (Street and Number) *138 Henrietter Street*
5. Full Name of Mother *Mrs Jennie Brown*
6. Mother's Maiden Name *Mrs Jennie Mathews*
7. Mother's Birthplace *Eastern Shore Virginia*
8. Full Name of Father *George Brown*
9. Father's Occupation *sea man*
10. Father's Birthplace *Limerick*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Mathews*
- Address *241 York Street*
- Remarks

RETURN OF A BIRTH

56670

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Thursday July 13th

4. Place of Birth, (Street and Number)

4 Point Lane

5. Full Name of Mother,

Francis Blakely

6. Mother's Maiden Name,

Francis Crosby

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Blakely

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Wilmer Drinton M.D.

Address,

25 1/2 Greenmont Ave

Remarks,

Vertex Presentation

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16671

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 13th 1882.

4. Place of Birth, (Street and Number)

129 Sharp St.

5. Full Name of Mother,

Eugenia Rodine.

6. Mother's Maiden Name,

"Watkins.

7. Mother's Birthplace,

Montgomery Co. Ind.

8. Full Name of Father,

John Rodine

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

New York.

Name of Medical Attendant, or other Person who makes this Return

R. J. A. Tall. M.D.

Address,

152 Sharp St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 13. 1882

4. Place of Birth, (Street and Number) Cor Penna and W. Wilson st

5. Full Name of Mother, Mary Magher

6. Mother's Maiden Name, Schott

7. Mother's Birthplace, md

8. Full Name of Father, John Magher

9. Father's Occupation, Rice Store & grain merchant

10. Father's Birthplace, md

Name of Medical Attendant, or other Person who makes this Return G Lane Panayhse

Address, 129 W Biddle St

Remarks, _____

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56673

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 13 1882*

4. Place of Birth, (Street and Number) *142 Columbia Av*

5. Full Name of Mother, *Mattie Murphy*

6. Mother's Maiden Name, *Mattie Newman*

7. Mother's Birthplace, *Queen Ann Armd*

8. Full Name of Father, *John Ira Murphy*

9. Father's Occupation, *Collector*

10. Father's Birthplace, *Hartford Ct Mansfield*

Name of Medical Attendant, or other Person who makes this Return *E. P. Wilby MD*

Address, *118 S. Hancock St*

Remarks,

RETURN OF A BIRTH 56674

Births, Deaths, and Marriages in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56674

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 10 1882

4. Place of Birth, (Street and Number)

280 W. Bond St.

5. Full Name of Mother,

Gerttrude Gans

6. Mother's Maiden Name,

Schilling

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Michael Kasper

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

S. W. Seldner M.D.

Address,

1000 E. Carroll + Cedar St.

Remarks,

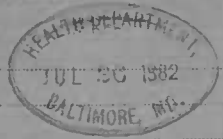


"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56678

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 13*

4. Place of Birth, (Street and Number) *113 S Bond S Bond*

5. Full Name of Mother, *Lennie Eickengreen*

6. Mother's Maiden Name, *Lennie Greenwalt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *David Eickengreen*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *A. Friedman*

Address, *88 W. 4th St*

Remarks,

RETURN OF A BIRTH

56676

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56676

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 July
4. Place of Birth, (Street and Number) 59 Frederick
5. Full Name of Mother, Lena Price
6. Mother's Maiden Name, Posninski
7. Mother's Birthplace, Balt.
8. Full Name of Father, Robert Price
9. Father's Occupation, Letter carriers
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Rosa G. Grier
45 1/2 Calver St

"That any physician, accouchement midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

56677

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) / 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 13 July
4. Place of Birth, (Street and Number) 102 Gaither st
5. Full Name of Mother, Berrie Rutchert
6. Mother's Maiden Name, Rutchert
7. Mother's Birthplace, Poland
8. Full Name of Father, Simon Rutchert
9. Father's Occupation, Peddler
10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

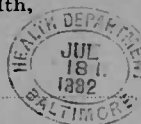
Mrs Rosa Wing
4876 Old road st

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 566781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *13 of July 1882*
4. Place of Birth, (Street and Number) *Baltimore Ridgely st. No 137*
5. Full Name of Mother, *Josephine Hickman*
6. Mother's Maiden Name, *Josephine Barrett*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward Hickman*
9. Father's Occupation, *Yealover*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mr. Dr. Shaffer*
- Address, *No 114 Ridgely st*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 13 of July

4. Place of Birth, (Street and Number)

No 88 S. Mary St

5. Full Name of Mother,

Anne Keigame

6. Mother's Maiden Name,

Anne Loebe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Astor

9. Father's Occupation,

Captain

10. Father's Birthplace,

Baltimore

Name of Medical Attendant or other Person who makes this return.

Dr. L. A. King Jones

Address,

Remarks,

171 Harper St.

1552

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16680

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *13th of June*

4. Place of Birth, (Street and Number) *522 North Chappel street*

5. Full Name of Mother, *Lucky Chase*

6. Mother's Maiden Name, *Lucky Kave*

7. Mother's Birthplace, *State of Delaware*

8. Full Name of Father, *William Chase*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Delaware*

Name of Medical Attendant, or other Person who make this Return. *Mrs Susan Morgan*

Address, *No 47 North Jackson Street*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56681

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child.

1. Sex (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

July 13th 1882

4. Place of Birth, (Street and Number)

Raborg St #80.

5. Full Name of Mother

Catherine Thornton

6. Mother's Maiden Name

Catherine Floyd

7. Mother's Birthplace

Accomac County Virginia

8. Full Name of Father

Preston Thornton

9. Father's Occupation

Porter

10. Father's Birthplace

Lancaster County Virginia

Name of Medical Attendant, or other Person who makes this Return.

Mary H. Wallace

Address

113 Raborg St Baltimore city

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth Born on the 13th of July 1882
4. Place of Birth, (Street and Number) 1 Wilkins Ave.
5. Full Name of Mother Maggie Weiss
6. Mother's Maiden Name Maggie Scheller
7. Mother's Birthplace City of Baltimore
8. Full Name of Father W. J. Weiss
9. Father's Occupation Pottery
10. Father's Birthplace West Prussia
- Name of Medical Attendant, or other Person who makes this return Miss Miller
- Address 1411 W. Pratt St.
- Remarks

Corrected from the original statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1883

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

13 Early 13'82
181 Jefferson St
Laura W Jefferson

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Monroe
Baltimore
Robt. T Jefferson
Cheerman
Maryland
Mary A Allwell

Name of Medical Attendant, or other Person who makes this Return

Address, 286 W. Demorest

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(2nd) 2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

July 13th 1882

4. Place of Birth, (Street and Number)

Maternal Hospital 161 N. Lombard

5. Full Name of Mother.

Jessie Stark

6. Mother's Maiden Name.

✓

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

✓

9. Father's Occupation,

✓

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Dr. M. L. Lusk & Bowser

Address,

Maternal Hospital 161 N. Lombard St

Remarks,

Legitimate? L O D M R P H

Report Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5668

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children
- Sex (state whether male or female) females
- Race or Color (if not of the white race) Colford
- Date of Birth 14 Friday morning
- Place of Birth (Street and Number) Cedar alley 48
- Full Name of Mother Lucy Ellen Brown
- Mother's Maiden Name Lucy Ellen Washington
- Mother's Birthplace Essex Convergence
- Full Name of Father Eliya Brown
- Father's Occupation Coachman
- Father's Birthplace Baltimore MD
- Name of Medical Attendant, or other Person who makes this Return. Jane Gilbert
- Address 53 arch st
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16686

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 14th
4. Place of Birth (Street and Number) Regent St at 5102
5. Full Name of Mother Susan Hill
6. Mother's Maiden Name Susan Edwards
7. Mother's Birthplace at A County Md
8. Full Name of Father John Hill
9. Father's Occupation Sailor
10. Father's Birthplace at A County Md
- Name of Medical Attendant, or other Person who make this Return.
- Address at 523 E. McElderry St
- Remarks Frances Anderson

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56687

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female)

white

2. Race or Color, (if not of the white race)

July 14/82

3. Date of Birth,

99 S. Chester St.

4. Place of Birth, (Street and Number)

Mary E. Bennett

5. Full Name of Mother,

" Callison

6. Mother's Maiden Name,

Talbot Co. Md.

7. Mother's Birthplace,

Eleaphas E. Bennett

8. Full Name of Father,

Mariner

9. Father's Occupation,

Wicomico Co. Md.

10. Father's Birthplace,

R. W. Mansfield Md.

Name of Medical Attendant, or other Person who makes this Return.

117 S. Broadway

Address,

Remarks,

56687

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

21
Male Horace
White
July 14 1882
405 - Madison Ave
Jennie Salks
Jennie Salks
Georgetown D.C.
Andrew Salks
Merchant
Baltimore
A. A. Sunde (M.D.)

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

1. Sex. (state whether male or female)

Male

2. Race or Color. (if not of the white race)

3. Date of Birth.

14 July 1892

4. Place of Birth. (Street and Number)

29 Albemarle St

5. Full Name of Mother.

Mary Fuller

6. Mother's Maiden Name.

McGinn

7. Mother's Birthplace.

Ireland

8. Full Name of Father.

Henry Fuller

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Ireland

Name of Medical Attendant, or other Person who makes this Return

Sarah Cooper

Address.

32 E. Lombard

Remarks.

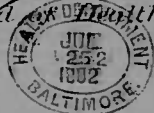


That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5669a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 11 of July.

4. Place of Birth, (Street and Number) 109 Hudson Street

5. Full Name of Mother, Ellen Seneca

6. Mother's Maiden Name, Ellen Price

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Seneca

9. Father's Occupation, labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Y. many

Address, 59 Myones St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56691

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 14 1882

4. Place of Birth, (Street and Number) 158 German street

5. Full Name of Mother, Larnor Bell

6. Mother's Maiden Name, Larnor Jay

7. Mother's Birthplace, Wagon

8. Full Name of Father, Nick Bell

9. Father's Occupation, Cook

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Ann Lacey

Address, 53 Perry street

Remarks, five dollars



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56692

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

6th

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

July 14th

4. Place of Birth, (Street and Number).....

90 Mosher St

5. Full Name of Mother,.....

Mrs J. Clanton

6. Mother's Maiden Name,.....

Mrs W. J. McNeary

7. Mother's Birthplace,.....

New York

8. Full Name of Father,.....

Wm J. Clanton

9. Father's Occupation,.....

Merchant

10. Father's Birthplace,.....

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. J. Lempert

Address,.....

No. 2 Cathedral St

Remarks,.....

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

166913

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 11th 1882*
4. Place of Birth (Street and Number) *10 1/2 Courtland St*
5. Full Name of Mother *Elizabeth Johnson*
6. Mother's Maiden Name *Elizabeth Harrison*
7. Mother's Birthplace *Calvert, Md.*
8. Full Name of Father *Stephen Johnson*
9. Father's Occupation *Carver*
10. Father's Birthplace *West River, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Charles W. Horn*
- Address *258 W. Baker St.*
- Remarks *Born with a large mouth*
- Not expected to live*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16694

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, July 14

4. Place of Birth, (Street and Number) 49 Westman St

5. Full Name of Mother, Minna Price

6. Mother's Maiden Name, Minna White

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Price

9. Father's Occupation, Sailor

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Mrs Beat Johnson

Address No 31 Short St

Remarks healthy child

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

56695

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh*
- Sex (state whether Male or Female) *Female*
- Race or Color (if not of the white race) *Colored*
- Date of Birth *July 14/92*
- Place of Birth (Street and Number) *138 Tynan St.*
- Full Name of Mother *Mary S. Watkins*
- Mother's Maiden Name *Simpson*
- Mother's Birthplace *Montgomery Co., Md.*
- Full Name of Father *John W. Watkins*
- Father's Occupation *Wailer*
- Father's Birthplace *Balt.*

Name of Medical Attendant, or other Person who makes this Return.

W. H. Thropton, M.D.

Address

41 Orchard St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56696

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 14, 1882

4. Place of Birth, (Street and Number) No 71 Fair Mount Avenue

5. Full Name of Mother Mrs. Viola Littell Brownley

6. Mother's Maiden Name Mrs. Viola Littell Lapp

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Mr. Charles Brownley

9. Father's Occupation Can Maker

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this return Mr. H. Claudine M.D.

Address No. 102 North Broadway

Remarks _____

That any Physician, Accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating the date, place, sex, and color of the child or children born, its or their physical condition, whether the child or children be not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

56697

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 14th 1882

4. Place of Birth, (Street and Number) 21st Light St

5. Full Name of Mother Anna Sowers

6. Mother's Maiden Name Anna Minkel

7. Mother's Birthplace Germany

8. Full Name of Father Justin Sowers

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Harmsung

Address 21st 18 Byrd St

Remarks _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, July 14 1902

4. Place of Birth, (Street and Number) 26 1/2 McKim St.

5. Full Name of Mother, Annie B. Brown

6. Mother's Maiden Name, Annie B. Roberts

7. Mother's Birthplace, Back Md

8. Full Name of Father, Kenneth Brown

9. Father's Occupation, laborer

10. Father's Birthplace, Back Md

Name of Medical Attendant, or other Person who makes this Return W. L. Leach, M.D.

Address, 10 S. Duncan Alley

Remarks, _____



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56699

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 14th

4. Place of Birth, (Street and Number)

No 61 Mount Vernon Place

5. Full Name of Mother,

Ellen B. Thomas

6. Mother's Maiden Name,

Thomas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John A. Carroll

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Reggie Buckler

Address,

155 N. Charles St

Remarks,

That any physician, accouchieur, midwife, or other person in charge, who shall intend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56700

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14

4. Place of Birth, (Street and Number) No. 211 S. Bell St.

5. Full Name of Mother, Mrs. Barbara Goss

6. Mother's Maiden Name, Bandersley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Goss

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Getzke

Address, No. 33 S. Bond St.

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition: whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *James Lewis Thomas*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 14/92

4. Place of Birth, (Street and Number)

4127 Hollins St

5. Full Name of Mother,

Alfred A. Thomas

6. Mother's Maiden Name,

Reed

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

James W. Thomas

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

H. V. Spearman
3870 Lombard St

Address,

Remarks,

3/4/92

James W. Thomas

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56702

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

14th July

4. Place of Birth (Street and Number)

Schroder St 114

5. Full Name of Mother

Eileen May

6. Mother's Maiden Name

Eileen Forney

7. Mother's Birthplace

Ireland

8. Full Name of Father

August Forney

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary Forney

Address

112 Scott St

Remarks

4 That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16703

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

July 14th

4. Place of Birth (Street and Number)

138 Henrietta St

5. Full Name of Mother

Virginia Brown

6. Mother's Maiden Name

Virginia Matthews

7. Mother's Birthplace

Accomack Co Va

8. Full Name of Father

Geo Brown

9. Father's Occupation

Seaman

10. Father's Birthplace

Danvers

Name of Medical Attendant, or other Person who makes this Return.

Mary Unaker

Address

No 122 York St

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56704

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth July 14 1882
 4. Place of Birth, (Street and Number) 81 S. Race St.
 5. Full Name of Mother Annie Sauer
 6. Mother's Maiden Name Strachle
 7. Mother's Birthplace New York city
 8. Full Name of Father Richard Sauer
 9. Father's Occupation Shoe Case Manufg
 10. Father's Birthplace Philadelphia
 Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
 Address Harvard & Barn sts
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14th of July*
4. Place of Birth, (Street and Number) *Light Street 562*
5. Full Name of Mother, *Jess Holmes*
6. Mother's Maiden Name, *Jess Keller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Will Holmes*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wm. M. Munn*
- Address, *1 S. 2nd St. Baltimore*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, No 706

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 14th 1882

4. Place of Birth, (Street and Number)

No 329 Howard street

5. Full Name of Mother

Rebecca Roden

6. Mother's Maiden Name

Rebecca Knapps

7. Mother's Birthplace

Ireland

8. Full Name of Father

John C Roden

9. Father's Occupation

Police

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Dana M. Cheever

Address

182 E Monument

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56707

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

14 July 1882

4. Place of Birth, (Street and Number)

104 Thames Str

5. Full Name of Mother,

Raffina Chiuso

6. Mother's Maiden Name,

Rizzo

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Carro Chiuso

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56708

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth 14th July 1882
4. Place of Birth, (Street and Number) Brown St near Ridgely St
5. Full Name of Mother Caligahetta Apple
6. Mother's Maiden Name Olth's
7. Mother's Birthplace New York
8. Full Name of Father George Theodore Apple
9. Father's Occupation
10. Father's Birthplace North Carolina
- Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.
- Address No. 5 Franklin St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 10 12

4. Place of Birth, (Street and Number) Friday St No 14

5. Full Name of Mother, Sarah Walker

6. Mother's Maiden Name, Sarah Banks

7. Mother's Birthplace, Annapolis County

8. Full Name of Father, Charles Walker

9. Father's Occupation, Labor

10. Father's Birthplace, Annapolis County

Name of Medical Attendant, or other Person who makes this Return, Schollery, mother and wife

Address, 10 W. Carlton St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH *16710*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *#171 S. Washington St.*

Remarks, *This child was born not in full time*

Third
girl
White



July 1882
Durham St near Lancaster St
K. M. Mack

K. Muller
German
a Mack
lander
German

Mrs Mary E. Finney

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 15 1882

4. Place of Birth, (Street and Number)

225 Lehigh

5. Full Name of Mother,

Lda E. Gaylesand

6. Mother's Maiden Name,

Lda E. Lee

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Joseph C. Gaylesand

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooke, MD

Address.

146 Hanover St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or arise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16712*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *July 15th 1892*
 4. Place of Birth, (Street and Number) *27 The Leverage St*
 5. Full Name of Mother, *Mrs. Maria Weston*
 6. Mother's Maiden Name, *Miss Henry Murphy*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Joseph Antone*
 9. Father's Occupation, *laborer*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Rachel S. Garrett*
 Address, *No 65 Burke St.*
 Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth July 15th 1882
 4. Place of Birth (Street and Number) Baltimore, Paultney St. W. 30
 5. Full Name of Mother Katie Barnes
 6. Mother's Maiden Name Regan
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Frank Barnes
 9. Father's Occupation Police officer
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough
 Address 220 Montgomery street City
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

261 Hanover St.

4. Place of Birth, (Street and Number)

July 15th 1892

5. Full Name of Mother,

Josephine Gervard

6. Mother's Maiden Name,

Shaw

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Gervard

9. Father's Occupation,

Commissioned Merchant

10. Father's Birthplace,

Richmond

Name of Medical Attendant, or other Person who make this Return

Marshall

Address

322 South Eutaw St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 6

1. Sex, (state whether male or female)....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 15th of Feb.

4. Place of Birth, (Street and Number)

No 246 E. Madison St

5. Full Name of Mother,

Anne Richardson

6. Mother's Maiden Name,

Anne Steene

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Steen

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs. Christina Jones

Remarks,

173 Lexington

157c

RETURN OF A BIRTH

16716

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16716

To the Office of Registrar of Vital Statistics, Board of Health,

111

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, July 18

4. Place of Birth, (Street and Number) 28 Stirling St

5. Full Name of Mother, Sophia Colbert

6. Mother's Maiden Name, Sophia Thomas

7. Mother's Birthplace, West river

8. Full Name of Father, Hilbert Colbert

9. Father's Occupation, laborer

10. Father's Birthplace, West river

Name of Medical Attendant, or other Person who makes this Return Mrs Leah Johnson

Address, no 31 Short St

Remarks, healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16717

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth, July 15 1882
 4. Place of Birth, (Street and Number) 17 Schappel St No 51
 5. Full Name of Mother, Mary Stenger
 6. Mother's Maiden Name, Darnesack
 7. Mother's Birthplace, Balt.
 8. Full Name of Father, - Johann Stenger
 9. Father's Occupation, Braumacher
 10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return, Mr. Geo. Krausbach
- Address, 17 Schappel St No 14
- Remarks, Under

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56718

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 15-1882

4. Place of Birth, (Street and Number) 1117 Broadway St

5. Full Name of Mother, Annie K. Kuntz

6. Mother's Maiden Name, Annie Kuntz

7. Mother's Birthplace, Germany

8. Full Name of Father, John Kuntz

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. A. H. Kuntz

Address, 1117 Broadway St

Remarks,

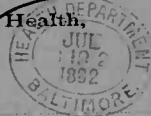
That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *July 15 1882*
4. Place of Birth, (Street and Number) *131 N Register St*
5. Full Name of Mother, *Milkey Francis Stiles*
6. Mother's Maiden Name, *Milkey Francis Chase*
7. Mother's Birthplace, *Eastern Shore*
8. Full Name of Father, *Henry Stiles*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Eastern Shore*
- Name of Medical Attendant, or other Person who makes this Return *Lucinda Wofford*
- Address, *131 N Register St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56720

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

15 July 15

4. Place of Birth, (Street and Number)

Wood's Court

5. Full Name of Mother,

Mary Jackson Goodman

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Goodman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Israh Casper

Address,

21 E. Lombard

Remarks,

RETURN OF A BIRTH

56721

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or
 advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
 born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
 of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH 56721

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th. 1882.
4. Place of Birth, (Street and Number) No. 326 Orleans St.
5. Full Name of Mother, Mary Leavy.
6. Mother's Maiden Name, Mary Schultzeis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Leavy.
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A. Butt
 Address, No 185 S.E. cor. Central av. & Monument. St.
 Remarks, All Well.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56712*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 15th 1882.

4. Place of Birth, (Street and Number)

No. 156 N. Chapple St.

5. Full Name of Mother,

Christina Gross

6. Mother's Maiden Name,

Christina Willich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Gross

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. A. Buttl

Address, *No. 185 S.E. cor. Centre av. & Monument St.*

Remarks, *All Well*

RETURN OF A BIRTH ⁵⁶⁷²³

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

⁴
Female



1. Sex. (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father.
9. Father's Occupation,
10. Father's Birthplace,

15 July 1982

20 Seaboard St

Mary Smith

Bond

Balto

Christian Smith

Laborer

Balto

Swat Casper

32 S. Lombard

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 15th*

4. Place of Birth (Street and Number) *No 308 Lee St*

5. Full Name of Mother *Lidia Hall*

6. Mother's Maiden Name *" Swindell*

7. Mother's Birthplace *" City*

8. Full Name of Father *Mr. L. Hall*

9. Father's Occupation *Printer*

10. Father's Birthplace *" City*

Name of Medical Attendant, or other Person who makes this Return. *J. P. Burch M.D.*

Address *151 Hancock St*

Remarks

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, his or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health
BALTIMORE CITY.



56730

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15 July

4. Place of Birth, (Street and Number)

Lurray Alley

5. Full Name of Mother,

Anna Miller

6. Mother's Maiden Name,

7. Mother's Birthplace,

Hohenfelde Prussia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Mrs. Mammel. (Midwife)
Evers street 104.

Address,

Remarks,

CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

12726

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

52726

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

15th July 1882

4. Place of Birth, (Street and Number)

286 W Lombard

5. Full Name of Mother,

Hennie Daniel

6. Mother's Maiden Name,

" Janzorf

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Moses Daniel

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

H. W. Webster

Address,

Remarks,

That any Physician, accoucheur, midwife or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56727

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 15th 1882

4. Place of Birth, (Street and Number) 1st 2nd Marshal Ave

5. Full Name of Mother Mary Berry

6. Mother's Maiden Name Mary Harrigan

7. Mother's Birthplace Baltimore

8. Full Name of Father Andrew Berry

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lathime Kerns

Address 1st 18 Byrd st

Remarks _____

RETURN OF A BIRTH 56728

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16728

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Eighteenth of July

4. Place of Birth, (Street and Number)

No 129

Sarah Ann St.

5. Full Name of Mother,

Emma Cook

6. Mother's Maiden Name,

W. Virginia

7. Mother's Birthplace,

8. Full Name of Father,

George Cook

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Cuba

Name of Medical Attendant, or other Person who makes this return

Georgiana Webb

Address,

No 104 Sarah Ann St.

Remarks,

16729

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

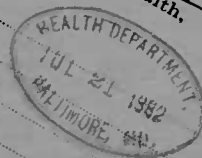
To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *July 15*
4. Place of Birth, (Street and Number) *20105 Hill St*
5. Full Name of Mother, *Anna Johnson*
6. Mother's Maiden Name, *Anna Bennett*
7. Mother's Birthplace, *Caline County Md*
8. Full Name of Father, *Addison Johnson*
9. Father's Occupation, *Washer*
10. Father's Birthplace, *Washington*
- Name of Medical Attendant, or other Person who makes this Return *Wm. H. Gross*
- Address, *No 12 Plimally*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female)
- Race or Color, (if not of the white race)
- Date of Birth.
- Place of Birth, (Street and Number)
- Full Name of Mother.
- Mother's Maiden Name.
- Mother's Birthplace.
- Father's Occupation.
- Father's Birthplace.
- Name of Medical Attendant.
- Address.
- Remarks.

Female 1st
 July 15th 1899
 S. High Street
 Mary Antoinette Callahan
 " " " " " " " " " " " "
 William a. Callahan
 Clerk
 Baltimore
 James J. McNamee, M.D.
 65 W. Broadway

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the name of the mother, whether full name or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

July 15th 1882

4. Place of Birth, (Street and Number)

S. High Street

5. Full Name of Mother.

Mary Antoinette Callahan

6. Mother's Maiden Name.

" " Bonheimer

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

William A. Callahan

9. Father's Occupation.

Clerk

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

James E. A. Deane, M.D.
684 Broadway

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56731

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 16 1882*

4. Place of Birth, (Street and Number) *Baltimore Cliffer st No 52*

5. Full Name of Mother, *Mary Essex*

6. Mother's Maiden Name, *Mary Chapman*

7. Mother's Birthplace, *England*

8. Full Name of Father, *John Essex*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm. M. Shaffer*

Address, *114 Ridgely st*

Remarks,

advise
days
medical
children

RETURN OF A BIRTH 56732

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18732

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth July 16/82
 4. Place of Birth, (Street and Number) 760 Penna. Avenue
 5. Full Name of Mother Emma L. Wise
 6. Mother's Maiden Name Ruffe
 7. Mother's Birthplace Baltimore City
 8. Full Name of Father Wm. Lewis Wise
 9. Father's Occupation Butcher
 10. Father's Birthplace Baltimore City
 Name of Medical Attendant, or other Person who makes this Return. Louis W. King M.D.
 Address 112 N Greene St
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH ⁵⁶⁷⁰³

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16 1882
4. Place of Birth, (Street and Number) Baltimore
5. Full Name of Mother, Theresa Rapp
6. Mother's Maiden Name, Maier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Rapp
9. Father's Occupation, Wheelwright
10. Father's Birthplace, Germany

Name of Medical Attendant, Mrs. A. Muscarelli
or other Person who makes this Return

Address, 1275 Pennsylvania Ave

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 16 - 1882*

4. Place of Birth, (Street and Number) *No 895 W. P. St.*

5. Full Name of Mother, *Linn. Schmitt.*

6. Mother's Maiden Name, *Sack.*

7. Mother's Birthplace, *Meamburg Prussia.*

8. Full Name of Father, *Adrian Schmitt.*

9. Father's Occupation, *Subcontractor*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant,

or other Person who
makes this Return

Anna Lindner

Address, *No 45 S. W. Ave #5*

Remarks,

RETURN OF A BIRTH

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), *3rd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 16. 1882.*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Rec. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16736

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Red

3. Date of Birth

July 16

4. Place of Birth (Street and Number)

116 Lindenhall St.

5. Full Name of Mother

Annie Dorsey

6. Mother's Maiden Name

Carrie Johnston

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Francis Dorsey

9. Father's Occupation

Laborer

10. Father's Birthplace

Cobbett County

Name of Medical Attendant, or other Person who makes this Return.

Mary Bivens

Address 51 Lindenhall St.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

26737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 16th 1882
1233 Hanover st

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Elizabeth Garthe
Wife

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Garthe

9. Father's Occupation,

Shaver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schoesser midwife
330 Hanover st.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁷⁶⁷³⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 16th 1882
103 Leadenhall st

4. Place of Birth, (Street and Number)

5. Full Name of Mother

Anna Sandly
Hoffman

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany
Paul Sandly
Tailor

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Germany.
J. Schwassert midwife
330 Hanover st.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56739

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 16th 1882

4. Place of Birth, (Street and Number)

143 Hanover St.

5. Full Name of Mother,

Presilla Miller

6. Mother's Maiden Name,

Schnepf

7. Mother's Birthplace,

America

8. Full Name of Father,

Germa Miller

9. Father's Occupation,

Printer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schroesser midwife
330 Hanover St.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56740

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 16th

4. Place of Birth, (Street and Number) 4017 Albemarle St

5. Full Name of Mother, Anna Geinitz

6. Mother's Maiden Name, Geinath

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Hans Geinitz

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, 4176 Cranby St

Remarks,

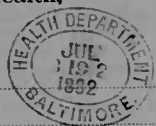
That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 16

4. Place of Birth, (Street and Number)

Cor. Essex & Lombard

5. Full Name of Mother,

Charles Hermann

6. Mother's Maiden Name,

Fulmer

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm. Fulmer

9. Father's Occupation,

Musician

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Isaiah Casper

Address,

72 S Lombard

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56742

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 16

4. Place of Birth, (Street and Number)

83 E Lombard

5. Full Name of Mother,

Anne Bartlett

6. Mother's Maiden Name,

Schroont

7. Mother's Birthplace,

Galto

8. Full Name of Father,

Friedrich Bartlett

9. Father's Occupation,

Cigar-maker

10. Father's Birthplace,

Galto

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

12 E Lombard

Remarks,

RETURN OF A BIRTH,

56743

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16745

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *July 16, 1882*
4. Place of Birth, (Street and Number) *No. 229 East Fayette Street*
5. Full Name of Mother *Mrs. Mary Louise Scoggins*
6. Mother's Maiden Name *Mrs. Mary Louise Barnitz*
7. Mother's Birthplace *N. Y. Pa.*
8. Full Name of Father *Mr. John P. Scoggins*
9. Father's Occupation *Commission Merchant*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. H. Glendinen M.D.*
- Address *No. 162 North Broadway*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56744

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

23^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 16th 1882

4. Place of Birth, (Street and Number)

177th Adell St.

5. Full Name of Mother,

Maria Jones

6. Mother's Maiden Name,

Maria Dennis

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Roman Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

M^{rs} Leah Walker

Address,

15 Admon St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56745

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 6, 1882

4. Place of Birth, (Street and Number)

W. Schuppelstr. No. 7

5. Full Name of Mother,

Katharine Baum

6. Mother's Maiden Name,

Kremmer

7. Mother's Birthplace,

Bavaria

8. Full Name of Father,

Johann Baum

9. Father's Occupation,

Lebner

10. Father's Birthplace,

Boh.

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Kaysbach

Address,

127 W. 1st St. No. 14

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56746

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1~~ 2d, ~~3~~ &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 16th 1882

4. Place of Birth, (Street and Number)

412 S. Lucas

5. Full Name of Mother,

Mary Eliza Stedman

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Balto Co

8. Full Name of Father,

Wm. D. Stedman

9. Father's Occupation,

Musician

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return

Geo. W. Benson

Address,

144 Hanover St

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16747

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

July 18th 1882 Born the 16th instant 19th

4. Place of Birth, (Street and Number)

#201 Bethel Court

5. Full Name of Mother,

Mary Froste

6. Mother's Maiden Name,

Cohn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Emil Froste

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Keag

Address,

236 Canton Ave

Remarks,



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56748

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Mary Brooke the mother of 7 children*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Light Brown*
 3. Date of Birth *July 16, 1882*
 4. Place of Birth (Street and Number) *70 Welton Alley*
 5. Full Name of Mother *Mary E. Gustis Brooke*
 6. Mother's Maiden Name *Mary E. Gustis Rolings*
 7. Mother's Birthplace *Calvert County*
 8. Full Name of Father *James E. Brooke*
 9. Father's Occupation *Staviler*
 10. Father's Birthplace *Calvert County*
 Name of Medical Attendant, or other Person who make this Return. *Rosette E. Gray*
 Address *136 York Street*
 Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

06749

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

July 16th 1882

George W.

Sarah Asheton

Harris

J. Balt
Chilton Asheton

stenographer

Baltimore

J. Giffman

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) _____
 3. Date of Birth *July 16th 1882*
 4. Place of Birth (Street and Number) *342 Madison Avenue*
 5. Full Name of Mother *Harnett A. Howell Parr*
 6. Mother's Maiden Name *Harnett, Adeline, Howell*
 7. Mother's Birthplace *Philadelphia, Pa.*
 8. Full Name of Father *Henry, Albert Parr*
 9. Father's Occupation *Commission Merchant*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *F. L. Miles, M.D.*
 Address *24. Cathedral St*
 Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

✓ 6/51

To the Office of Registrar of Vital Statistics, Board of Health.

Loda Smith BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

- male
 - title
 July 16th 1882
 19 August 82
 Faded Smith
 Kent County
 S. C. Smith
 Labor
 Virginia
 J. C. Burchett
 151 S. Kansas St.

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56752

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th child

1. Sex, (state whether male or female) ..

male

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth, ..

July 16th 1882

4. Place of Birth, (Street and Number) ..

No. 230 Race Pierce St

5. Full Name of Mother, ..

Mary A Jordan

6. Mother's Maiden Name, ..

Mary A Weston

7. Mother's Birthplace, ..

Baltimore, Md

8. Full Name of Father, ..

William G. Jordan

9. Father's Occupation, ..

Pen-man & Binder

10. Father's Birthplace, ..

Baltimore City

Name of Medical Attendant, or other person who make this Return

Dr. J. S. Drumbler

Address, ..

1200 The Union St.

Remarks, ..



and, making of
the aforesaid,
or children
and residence

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth.

4. Place of Birth. (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return

2
Female

July 16

83 S. High St

Molly Martin

Dougherty

Quilt

Frank Martin

Police-man

Balto

Senah Casper

27 S. Lombard

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, and of whom the Registrar shall have been previously advised, shall report to the Registrar, before the birth of a child, the date of birth, sex, and color of the child or children, and the full name, nativity, and residence of the mother, and the maiden name of the father, and the number of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, and of whom the Registrar shall have been previously advised, shall report to the Registrar, before the birth of a child, the date of birth, sex, and color of the child or children, and the full name, nativity, and residence of the mother, and the maiden name of the father, and the number of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, and of whom the Registrar shall have been previously advised, shall report to the Registrar, before the birth of a child, the date of birth, sex, and color of the child or children, and the full name, nativity, and residence of the mother, and the maiden name of the father, and the number of such child or children."

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16713

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 16

4. Place of Birth, (Street and Number)

81 S. High St

5. Full Name of Mother.

Molly Martin

6. Mother's Maiden Name,

Dougherty

7. Mother's Birthplace,

Balto

8. Full Name of Father.

Frank Martin

9. Father's Occupation,

Police-man

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Scoville Carpenter

Address,

27 S. Lombard

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56754

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

July 16, 1892.

4. Place of Birth, (Street and Number)

222 N. Carrollton Av.

5. Full Name of Mother,

Carrie Muller.

6. Mother's Maiden Name,

Carrie Slaughter.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

L. C. Muller.

9. Father's Occupation,

Clergyman.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Child Healthy.

John Powell M.D.
222 N. Carrollton Av.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 16. 3. 5 A.M. 1882*
4. Place of Birth (Street and Number) *Baltimore Madison st 286*
5. Full Name of Mother *Elara Thomas*
6. Mother's Maiden Name *Elara Rott*
7. Mother's Birthplace *Germney*
8. Full Name of Father *George Thomas*
9. Father's Occupation *Baker*
10. Father's Birthplace *Germney*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Julia Groom*
- Address *466 North gay st Baltimore*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16716

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



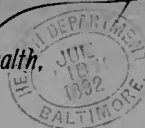
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 16th 1882*
4. Place of Birth, (Street and Number) *41 Harrison St.*
5. Full Name of Mother, *William Simpson*
6. Mother's Maiden Name, *Wm. Hinchfoot*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Loane Simpson*
9. Father's Occupation, *Handbookmaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. Geo. H. Reed*
- Address, *1413 W. Enoch St.*
- Remarks, *W. R. S. P. - forgo - both during week*

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *W.*

3. Date of Birth *July 17th 1882*

4. Place of Birth (Street and Number) *No 35 Lancaster St.*

5. Full Name of Mother *Carolina Fisher*

6. Mother's Maiden Name

7. Mother's Birthplace *Germany*

8. Full Name of Father *John Fisher*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Jno. S. Linnell M.D.*

Address *No 1 S. Broadway*

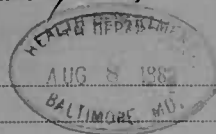
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16/08

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

19 of July

4. Place of Birth, (Street and Number)

West St no 40

5. Full Name of Mother,

Anna Warner

6. Mother's Maiden Name,

Cass

7. Mother's Birthplace,

as a mce ver Va

8. Full Name of Father,

Jaseth Cass

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

St Wilson

Address,

cross St 308

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56759

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d; &c.) 5

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colord

3. Date of Birth,

July 17 1882

4. Place of Birth, (Street and Number)

No 2 Vine street

5. Full Name of Mother,

Annie Benson

6. Mother's Maiden Name,

Annie Hall

7. Mother's Birthplace,

Brooklyn New York

8. Full Name of Father,

Charles Benson

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Cambridge

Name of Medical Attendant, or other Person who makes this Return

Mary Ann Dorsey

Address,

55 Perry street

Remarks.

five dollars

Not Record of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56760

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex (state whether male or female) Female
- Race or Color (if not of the white race) White
- Date of Birth July 12th
- Place of Birth (Street and Number) 307 Pauline St
- Full Name of Mother Louise Baine
- Mother's Maiden Name Carroll
- Mother's Birthplace City
- Full Name of Father Charles Baine
- Father's Occupation Caulker
- Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. L. C. Beach M.D.
- Address 1514 Avenue 52
- Remarks

RETURN OF A BIRTH 56761

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 17 - 1882
310 S. Charles St.
Cathern Reichert
Joenthaef

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany
George Reichert
Twelfth Man

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwassers midwife
330 Hanover St.

Address,

Remarks,

That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{tes} Kind*

1. Sex, (state whether male or female) *Boys*

2. Race or Color, (if not of the white race)

3. Date of Birth, *geboren den 17^{ten} July*

4. Place of Birth, (Street and Number) *N^o 12 Kleine Alexander Str*

5. Full Name of Mother, *Lusophine Fischer*

6. Mother's Maiden Name, *Lusophine Brückner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Louis Fischer*

9. Father's Occupation, *Blockschmied*

10. Father's Birthplace, *Deutschland*

Name of Medical Attendant, or other Person who makes this return *Friederike Houpmann*

Address, *N^o 202 S. Dallas Str*

Remarks, *Hemme*

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

18763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male & female - twins

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 17

4. Place of Birth, (Street and Number)

Saratoga near Schroder Lane

5. Full Name of Mother,

Lane White

6. Mother's Maiden Name,

Kittes

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

O M. White

9. Father's Occupation,

Custom House Officer
Balt. Co.

10. Father's Birthplace,

N. M. Wilson

Name of Medical Attendant, or other Person who makes this Return.

251 Mad. Ave.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 92
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 17 1882
4. Place of Birth, (Street and Number) No. 93 Lombard
5. Full Name of Mother Elizabeth Weber
6. Mother's Maiden Name Elizabeth Bras
7. Mother's Birthplace Germany
8. Full Name of Father George Weber
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. C. Halliday
- Address 10152 E. Monument
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

167607

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

17 July 1882
136 Lenhol Ave.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Anne Aust

6. Mother's Maiden Name,

Lehman

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George Aust

9. Father's Occupation,

Barber

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Sarah Cooper

Address,

77 E. Lombard

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56766

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 17 '82

4. Place of Birth, (Street and Number)

146 Mulliken St-

5. Full Name of Mother,

Julia A Fryer

6. Mother's Maiden Name,

Stephen

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

Geo. S Fryer

9. Father's Occupation,

Machinist-

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A Howell

Address, 256 E. Donagh St

Remarks,

RETURN OF A BIRTH

56767

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 17 1892

4. Place of Birth, (Street and Number)

Conshie Street No. 50

5. Full Name of Mother,

Mary Munkie

6. Mother's Maiden Name,

Mary Lanning

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Munkie

9. Father's Occupation,

Salvage Foreman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

Mrs. Maggie Ethel

Address.

No. 13 Cubia Street

Remarks.

Point

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16768

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Monday July 18th 130 PM 1882

4. Place of Birth, (Street and Number)

Highland Ave (Belt)

5. Full Name of Mother

Addine Guthrie

6. Mother's Maiden Name

Addine Price

7. Mother's Birthplace

Port Deposit Md

8. Full Name of Father

John A Guthrie

9. Father's Occupation

House Painter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

H. P. Pichard M.D.

Address

28 O'Donnell St

Remarks

Large and healthy boy 9 hours labor used
Thompson and delivered her in one hour after I was
in the house. Both are now doing well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56769

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Kind
Mädchen

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

geboren den 18^{ten} July
No. 173 Collington Av
Kunigunde Wittstüdt
Kunigunde Eglser
Deutschland
Andreas Wittstüdt
Schneider
Deutschland
Friederike Kaufmann
No. 202. S. Dallas Str
Hemme

That any physician, secoudieur, midwife, or other person in charge, who shall attend, assist or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 18 1882
4. Place of Birth, (Street and Number) 706 Light street
5. Full Name of Mother, Sarah E. Rider
6. Mother's Maiden Name, Sarah E. Shabard
7. Mother's Birthplace, Balt city md
8. Full Name of Father, Charles B. Rider
9. Father's Occupation, Labourer
10. Father's Birthplace, Balt city md
- Name of Medical Attendant, C. Hinton
or other Person who makes this Return
- Address, Near Heath & on Patterson
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56771*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child.*
1. Sex, (state whether male or female) *Girl.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *18th of July 1882.*
4. Place of Birth, (Street and Number) *54 Cedar street.*
5. Full Name of Mother, *At Annie Schultze,*
6. Mother's Maiden Name, *At Annie Harnes.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Harnes.*
9. Father's Occupation, *Barber.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address, *11 North Chappel street per Justina Kunkel*
- Remarks, *Healthy.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56772

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 18/82
4. Place of Birth, (Street and Number) 575 Grand St. Mount
5. Full Name of Mother Ida Catherine Templeman
6. Mother's Maiden Name Frank
7. Mother's Birthplace Baltimore City
8. Full Name of Father Alex. Edwin Templeman
9. Father's Occupation Wholesale Tobacco Merchant
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.
- Address 112 N. Greene
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56773

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUL
20
1882

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *July 15, 1882*
4. Place of Birth, (Street and Number) *142 Chapel St*
5. Full Name of Mother, *Eliza Chapel*
6. Mother's Maiden Name, *Eastern Shore*
7. Mother's Birthplace, *Eastern Shore*
8. Full Name of Father, *Lucinda Norfolk*
9. Father's Occupation, *30 Bayister St*
10. Father's Birthplace, *30 Bayister St*
- Name of Medical Attendant, or other Person who makes this Return
- Address,
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56774

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 18, 1882

4. Place of Birth (Street and Number)

263 N. Eutaw St.

5. Full Name of Mother

Mamie Holmes

6. Mother's Maiden Name

Leach

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Alvan M. D. Holmes

9. Father's Occupation

Music Teacher

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

W. E. Morley, M. D.

Address

248 N. Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 15, 1882*

4. Place of Birth (Street and Number) *80 Division St.*

5. Full Name of Mother *Georgia Grove*

6. Mother's Maiden Name *Georgia Chamberlain*

7. Mother's Birthplace *Balto., Md.*

8. Full Name of Father *Hiram Alexander Grove*

9. Father's Occupation *Parser*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return.

Address *714 N. McKim, Md.,
Arlington & Harlem Ave. Balto., Md.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall deliver, or cause to be delivered, any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56776

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Eighth
Moale

White

July 18th 1882

East Corner Cutaw & Preston

Catherine Dennis

Keopel

Baltimore

Peter John Dennis

Barber

Baltimore

Elias C. Price M.D.

262 Madison Ave



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56777

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

18 July 1882

4. Place of Birth, (Street and Number)

41 E Pratt St

5. Full Name of Mother,

Maria Elisabeth Parlett

6. Mother's Maiden Name,

Gayser

7. Mother's Birthplace,

Richmond Va

8. Full Name of Father,

Andrew Jackson Parlett

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

Mary Stein

Address,

151 E Pratt St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56778

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *15th July*
 4. Place of Birth, (Street and Number) *86 Wilhelmstr*
 5. Full Name of Mother, *Mrs Thomas*
 6. Mother's Maiden Name, *Dora Döringer*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *William Thomas*
 9. Father's Occupation, *Stone Finisher*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return *Thos. Simon*
 Address *432 E. Maryland St.*
 Remarks *A strong child*

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56779

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18 1892
4. Place of Birth, (Street and Number) 1211 Pratt St
5. Full Name of Mother, Mary Palle
6. Mother's Maiden Name, Elvira Palle
7. Mother's Birthplace, Pratt St
8. Full Name of Father, John P. Ball
9. Father's Occupation, Business
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, M. J. Leman
or other Person who makes this Return
- Address, 435-1st St Henry St
- Remarks, First child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18th July 1892

4. Place of Birth, (Street and Number)

41 S. Caroline St.

5. Full Name of Mother,

Margaret Ann Clayton

6. Mother's Maiden Name,

Clarver

7. Mother's Birthplace,

City

8. Full Name of Father,

James Philip Clayton

9. Father's Occupation,

Stair Builder

10. Father's Birthplace,

Id.

Name of Medical Attendant, or other Person who makes this Return.

G. P. Jones, M.D.

Address,

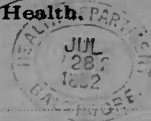
1775 E. Baltimore St.

Remarks,

shall any physician, accoucheur, midwife, or other person in charge, who shall attend, receive or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ¹⁶⁷⁸¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18 July
4. Place of Birth, (Street and Number) 71 Monument st
5. Full Name of Mother, Barbara Bauer
6. Mother's Maiden Name, " Rice
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bauer
9. Father's Occupation, clerk Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa W. Ulbray
48 7b all kn d st

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

18 July 1882

4. Place of Birth, (Street and Number)

4 Sharp St 85

5. Full Name of Mother,

Clementine G. Harkness

6. Mother's Maiden Name,

Clementine Gepler

7. Mother's Birthplace,

Baden

8. Full Name of Father,

Peter Harkness

9. Father's Occupation,

Saloonkeeper

10. Father's Birthplace,

Penobscot, Maine

Name of Medical Attendant, or other Person who makes this Return

Dr. P. H. Harkness

Address,

224 West Fayette St

Remarks,



But any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *July 18th*

4. Place of Birth (Street and Number) *221 Chestnut Alley*

5. Full Name of Mother *Mrs. Josephine Walker*

6. Mother's Maiden Name *"*

7. Mother's Birthplace *Balto.*

8. Full Name of Father *Sam'l. Walker*

9. Father's Occupation *"Driver"*

10. Father's Birthplace *Balto.*

Name of Medical Attendant, or other Person who makes this Return. *H F Hill M D*

Address *443 Franklin St.*

Remarks

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

167824

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 18th*

4. Place of Birth, (Street and Number) *No 36 Bond St.*

5. Full Name of Mother, *Louisa Uphoff*

6. Mother's Maiden Name, *Wittgrafe*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Frederick Uphoff*

9. Father's Occupation, *Wheel right*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Sophia Simon*

Address, *No. 70 Grand St.*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Five.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 18th 82

4. Place of Birth, (Street and Number)

No. 26 Stiles St.

5. Full Name of Mother.

Isabelle Atkinson

6. Mother's Maiden Name.

Isabelle Heneman

7. Mother's Birthplace,

Baltimore City (Md)

8. Full Name of Father.

M. D. Atkinson

9. Father's Occupation,

Clerk

10. Father's Birthplace.

Baltimore City (Md)

Name of Medical Attendant, or other Person who makes this Return

Mrs. Eliza F. Jennings

Address,

No. 95 Albemarle St.

Remarks,

(City)

56789

BALTIMORE CITY.

A circular ink stamp from the Baltimore Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center, the date "JUL 21 1892" is stamped. The stamp is slightly faded and has a textured appearance.

6 12-

- Anna C.
 White
 July 18th 1872
 Gay street - N. 171
 Annie Young.
 Annie P. Young, surgeon.
 Baltimore
 H. Young, Young
 H. Young.
 Germany,

or other Person who
makes this Return

Address,

P. Pringle

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

56789

list of
said,
idren
lence

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56788

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

62

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

White
 July 18/82
 X 41 S. Calhoun
 Anne Plymire
 " McLaughlin
 Baltimore
 Susan Plymire
 Collector (H&Co)
 Baltimore
 H. L. Sprinkle
 387 W. Lombard

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

56789

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6.
Female

White

March 15 1892

No 16. Concession Street,

Elizabeth E. Kherchel

Elizabeth E. Kherchel

Baltimore

Thomas E. Kherchel

Lawrence

Baltimore

Mrs. Maggie E. Kherchel

No 13. Concession Street

Local

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5679A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 18th 1882

4. Place of Birth, (Street and Number)

Maternity Hospital 161 N. Lombard St

5. Full Name of Mother,

Mary Gray

6. Mother's Maiden Name,

do

7. Mother's Birthplace,

Md.

8. Full Name of Father,

do

9. Father's Occupation,

do

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

H. R. McIntosh Res. Phys

Address, Maternity Hospital 161 N. Lombard St

Remarks,

Illegitimate

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56791

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 18th 1882
4. Place of Birth, (Street and Number) 19 Grant St Baltimore City
5. Full Name of Mother Martha Chambers Austin
6. Mother's Maiden Name Martha Chambers Payne
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father James W. Austin
9. Father's Occupation Provision Dealer
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Amanda Marine
- Address 378 E. Monument St
- Remarks _____

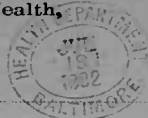
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, July 17
4. Place of Birth, (Street and Number) 28 Daglass st
5. Full Name of Mother, Annie Green
6. Mother's Maiden Name, not married
7. Mother's Birthplace, Washington Dc
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return Mrs Leaph Johnson
- Address, 31 short st
- Remarks, healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56793

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child.*

1. Sex, (state whether male or female)

Boy.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

19th of July 1882

4. Place of Birth, (Street and Number)

34 North Chappel street.

5. Full Name of Mother,

Mary Adams.

6. Mother's Maiden Name,

Mary A. Able.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John K. Able.

9. Father's Occupation,

Insurrection

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel

Address,

11 North Chappel street per Justina Kunkel

Remarks,

Healthy.

56794

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the words "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JUL 21 2 1892" is stamped, indicating the day, month, and year.

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

or other Person who
made this Return.

July 17th 1882.
Saratoga St.
Messrs. A. E. Murray
and A. E. Dickstein.
Cincinnati, Ohio.
Dear Messrs. Murray
and Dickstein:
Baltimore City.
John L. & George E. Dick.
July.

"That any physician, accouchement midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH ⁵⁶⁷⁹²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Wednesday July 19th 1882

4. Place of Birth, (Street and Number) 4 Dixon St

5. Full Name of Mother, Sadie Powers

6. Mother's Maiden Name, Sadie Loughran

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Thomas Powers

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Werner Brinton, M.D.

Address, 25 1/2 Greenmont Ave

Remarks, Very Precocious

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁶⁷⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



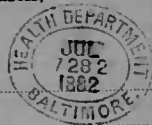
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Mon. 10th Wednesday July 19th 1892*
 4. Place of Birth, (Street and Number) *John St. East of Valley St.*
 5. Full Name of Mother, *Virginia Dambinger*
 6. Mother's Maiden Name, *Poole*
 7. Mother's Birthplace, *Balto. Md.*
 8. Full Name of Father, *Joseph Dambinger*
 9. Father's Occupation, *Printer*
 10. Father's Birthplace, *Balto. Md.*
 Name of Medical Attendant, or other Person who makes this Return *Wilmer Drintow M.D.*
 Address, *25 1/2 Government Ave.*
 Remarks, *Very Premature*

RETURN OF A BIRTH ⁵⁶⁷⁹⁷

That any physician, accoucheur, midwife, or other person in charge, who shall attend, and give advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16797

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, July 12th 1882.
 4. Place of Birth, (Street and Number) No. 28 Jewell St.
 5. Full Name of Mother, Fannie White
 6. Mother's Maiden Name, Fannie Parker
 7. Mother's Birthplace, Howard county
 8. Full Name of Father, Wm White
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return, N. A. Butt
 Address, No. 185 S. E. cor. Central av & Monument St.
 Remarks, All Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16798

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucas

3. Date of Birth,

19

4. Place of Birth, (Street and Number)

Orlery St. No. 282

5. Full Name of Mother,

Mary E. Anderson

6. Mother's Maiden Name,

Mary E. Williams

7. Mother's Birthplace,

Queen in County

8. Full Name of Father,

D. H. Anderson

9. Father's Occupation,

Birth mother

10. Father's Birthplace,

Queen in County

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs H. H. Smith 100 N. Liberty St

Remarks,

any physician, nurse, or other person who makes this return, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, if he or she fails to comply with the provisions of this act.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 56799

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th July
4. Place of Birth, (Street and Number) 279 of Canton Ave
5. Full Name of Mother, Melanie Rindick
6. Mother's Maiden Name, Schmidt.
7. Mother's Birthplace, Böttingen - Hannover (Germ.)
8. Full Name of Father, Albert Rindick
9. Father's Occupation, Stividor
10. Father's Birthplace, Bremen (Germ.)
- Name of Medical Attendant, or other person who makes this Return. J. Behnken Midwife
- Address, 54 Essex Street.
- Remarks,

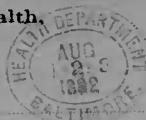
"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16809

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 19th 1882

4. Place of Birth, (Street and Number)

73 Thames st

5. Full Name of Mother,

Louisa Holmes

6. Mother's Maiden Name,

" Holland

7. Mother's Birthplace,

City

8. Full Name of Father,

Hersey Holmes

9. Father's Occupation,

Garber

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank st

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56801

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third.*

1. Sex (state whether Male or Female) *Male.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *July 19, 1882.*

4. Place of Birth (Street and Number) *No. 2 Jefferson Street.*

5. Full Name of Mother *Pola E. Church.*

6. Mother's Maiden Name *Pola E. Leach.*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George F. Church.*

9. Father's Occupation *Boiler-maker.*

10. Father's Birthplace *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return.

A. C. Clewett M. D.

Address

548 Harford Avenue

Remarks *Child well developed and healthy.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56802

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 19th 1882

4. Place of Birth (Street and Number)

5-7 Orleans Street

5. Full Name of Mother

Lizzie L. Waldman

6. Mother's Maiden Name

Lizzie L. Young

7. Mother's Birthplace

Balt

8. Full Name of Father

James D. M. Waldman

9. Father's Occupation

Shoe Lasters

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

James C. Whiteford M.D.

Address

125 Virginia Street

Remarks:

Physical condition Good Labor

Trichloro delivered with Instrument

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56803

GIVEN NAME ADDED 1-20-55

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



NAME: John JENKINS-EVANS

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

July 19th 1882

4. Place of Birth (Street and Number)

514 W. Balto

5. Full Name of Mother

Emily J. Evans

6. Mother's Maiden Name

" " Jenkins

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Wesley Evans

9. Father's Occupation

Bookbinder

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. R. Uhler M.D.

Address

234 W. Fayette St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16804

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 19th 1882

4. Place of Birth, (Street and Number)

75 Somerset St.

5. Full Name of Mother

Margaret Grissel

6. Mother's Maiden Name,

Grissel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Grissel

9. Father's Occupation,

Tramster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

St. Seldner M.D.

Address,

10 E. Eager & Caroline St.

Remarks,

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56808

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(2)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 19 - 1882

4. Place of Birth, (Street and Number)

113 Croos st.

5. Full Name of Mother,

Minnie Willis

6. Mother's Maiden Name,

Minnie Sohl

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Ammy D. Willis

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Beauford N. Carline

Name of Medical Attendant, or other Person who makes this Return

Mrs Minnie Sohl

Address,

20 Columbia St.

Remarks,

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56806

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 14 9 Lombard st

4. Place of Birth, (Street and Number) July 19th 1882

5. Full Name of Mother Lizzie Brown

6. Mother's Maiden Name Lizzie H. Gagelein

7. Mother's Birthplace Balto

8. Full Name of Father John Brown

9. Father's Occupation Warrisher

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna H. Higgins

Address 182 E. Monument

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56807

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Aug. 12th
 4. Place of Birth, (Street and Number) No 335 S. Charles St.
 5. Full Name of Mother, Elizabeth Meigs
 6. Mother's Maiden Name, " " Kuehls
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, John F. Meigs
 9. Father's Occupation, Plumber & Gas fitter.
 10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Maunch
- Address, No 1 Lidenhall St.
- Remarks,

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56805

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19th July*

4. Place of Birth, (Street and Number) *304 Myrtle Ave*

5. Full Name of Mother, *Julia E. Swindell*

6. Mother's Maiden Name, *Wigco*

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *Geo. E. Swindell*

9. Father's Occupation, *Glass Dealer*

10. Father's Birthplace, *Balto City*

Name of Medical Attendant, or other Person who makes this Return *Dr. W. Benson*

Address, *144 Banner St*

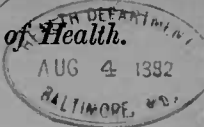
Remarks,

Keep Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH..

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
White
July 19th 1882
289. E. Baltimore St.
Vera Dahme
Vera Keefer
Baltimore
Mrs. F. Dahme
Cigar Manufacturer
Germany
L. A. Dahme M.D.
812 E. Fayette St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56810

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether, 1st, 2d, 3d, &c.)

2 Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 19th 1882

4. Place of Birth, (Street and Number)

111 Haubert St Locust Point

5. Full Name of Mother,

Mrs Mac Carthy

6. Mother's Maiden Name,

Ann Mooney

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Dennis Mc Carthy

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Hays Etl

Address

101 B. Calhoun St Locust Point

Remarks

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, July 19, 1882
 4. Place of Birth, (Street and Number) Townsend Street, No. 84
 5. Full Name of Mother, Carlonei Kuntze
 6. Mother's Maiden Name, Carlonei Patton
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Wm. Kuntze
 9. Father's Occupation, Carriage
 10. Father's Birthplace, Germany
 Name of Medical Attendant, Mrs. Eugenie Ethel
 Address, No. 13 Cuba Street
 Remarks, General Pain!

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56812

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

13th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 20, 1882

4. Place of Birth, (Street and Number)

3 Will St

5. Full Name of Mother,

Josephina Lennert

6. Mother's Maiden Name,

Beckner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick Lennert

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

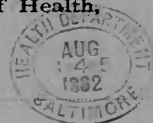


That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or aid in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16813

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 2nd 1882
4. Place of Birth, (Street and Number) Marsh Market Space
5. Full Name of Mother, Rebecca Mintz
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Mintz
9. Father's Occupation, Teacher
10. Father's Birthplace, Russia

Name of Medical Attendant, Mrs. C. Bernstein
or other Person who makes this Return

Address, 1136 Lombard st.

Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56814

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) colored
3. Date of Birth July 20th
4. Place of Birth (Street and Number) 298 Durham
5. Full Name of Mother Margaret Brady
6. Mother's Maiden Name Buchanan
7. Mother's Birthplace Bata city
8. Full Name of Father David Bradley
9. Father's Occupation farm hand
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. Johnson M.D.
- Address 240 Broadway
- Remarks

"That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56815

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 26th 1882

4. Place of Birth, (Street and Number)

314 Montgomery St

5. Full Name of Mother,

Catharine M. Edmunds

6. Mother's Maiden Name,

Catharine M. Johnson

7. Mother's Birthplace,

Germany

8. Full Name of Father,

H. M. Edmunds

9. Father's Occupation,

Dealer in Groceries & Liquors

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. B. King

Address,

1. S. E. 1st St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56816

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

San Francisco, Cal.

4. Place of Birth, (Street and Number)

July 20 1882

5. Full Name of Mother

Mary Doyle

6. Mother's Maiden Name,

Mary Doyle

7. Mother's Birthplace,

Thomas Leary

8. Full Name of Father,

Farmer

9. Father's Occupation,

Ireland

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Wm. A. Greenwald

Address,

225 Broadway

Remarks,

RETURN OF A BIRTH *56817*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *20 July*

4. Place of Birth, (Street and Number) *West Pratt St. c. 78.*

5. Full Name of Mother, *Lulia Stevens*

6. Mother's Maiden Name, *Lulia Gornall*

7. Mother's Birthplace, *Union Bridge Maryland*

8. Full Name of Father, *Charles B. Stevens*

9. Father's Occupation, *Laborer B. & O. Railroad*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, (or other Person who makes this Return) *M. J. Leman*

Address, *435 W. McHenry St.*

Remarks, *A Delicate Child*

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56818

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



July 24

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

July 20

4. Place of Birth (Street and Number)

8 Western Street

5. Full Name of Mother

Maggie White

6. Mother's Maiden Name

Maggie Smith

7. Mother's Birthplace

Accord Co Va

8. Full Name of Father

Lewis White

9. Father's Occupation

labor

10. Father's Birthplace

Accord Co Va

Name of Medical Attendant, or other Person who makes this Return.

May S. Dennis

Address

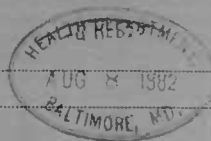
No 21 Penck Valley Bld

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56819

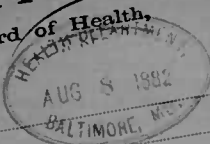
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *20 of July*
4. Place of Birth, (Street and Number) *Layman Alys 103*
5. Full Name of Mother, *Laura Mordon Barona*
6. Mother's Maiden Name, *Mordon*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Barona*
9. Father's Occupation, *single*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who make this Return *A Wilson*
- Address. *Cross St 368*
- Remarks.

RETURN OF A BIRTH ^{5682a}

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth, 20 of July

4. Place of Birth, (Street and Number) 254 South Howard St

5. Full Name of Mother, Olivera Butler

6. Mother's Maiden Name, Purcell

7. Mother's Birthplace, Mount Vernon Co MD

8. Full Name of Father, John Butler

9. Father's Occupation, single

10. Father's Birthplace, Baltimore

Name of Medical Attendant, A. Wilson
or other Person who makes this Return

Address, Cross St 398

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of children, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

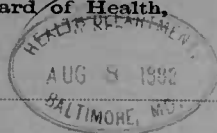
CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5682a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

12

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

20 of July

St

4. Place of Birth, (Street and Number)

254 South Howard

5. Full Name of Mother,

Oberia Butler

6. Mother's Maiden Name,

Purcell

7. Mother's Birthplace,

Mount Vernon Co Md

8. Full Name of Father,

John Butler

9. Father's Occupation,

single

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

A. Wilson

Address,

cross St 398

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 20th 1882

4. Place of Birth, (Street and Number)

157 N. Eden st

5. Full Name of Mother,

Minnie Gray

6. Mother's Maiden Name,

Eurothe Maryland

7. Mother's Birthplace,

William Wheatfield

8. Full Name of Father,

Shoe Dealer

9. Father's Occupation,

Europe

10. Father's Birthplace,

Mrs M.E. Hurley

Name of Medical Attendant, or other Person who makes this Return.

Address,

45 W. Central ave

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56822

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 20th 1882

4. Place of Birth, (Street and Number)

Baltimore 3 N Fremont St

5. Full Name of Mother,

Sallie A. Hays

6. Mother's Maiden Name,

Sallie A. Shields

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thos. M. Hayes

9. Father's Occupation,

Porter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return

Mr. Dumble 26 N Schroder St

Address,

Thos. M. Hayes 3 N Fremont St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16823

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *James - 71*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *July 20, 1892*
4. Place of Birth (Street and Number) *308 N Dunham St*
5. Full Name of Mother *Mary A. C. Cole*
6. Mother's Maiden Name *" " Murry*
7. Mother's Birthplace *St. Marys Co, Md*
8. Full Name of Father *John Cole*
9. Father's Occupation *Leaver*
10. Father's Birthplace *St. Marys Co, Md*
- Name of Medical Attendant, or other Person who makes this Return. *Geo F Laylin M. D.*
- Address *222 N Broadway*
- Remarks

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

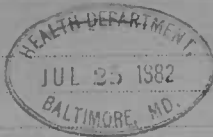
RETURN OF A BIRTH

56824

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 20

4. Place of Birth, (Street and Number)

156 S. Eaten St

5. Full Name of Mother,

Edna Sembrington

6. Mother's Maiden Name,

Thomson

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm

11 11

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Scrubber

Address,

32 S. Lombard

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 20th 1882

4. Place of Birth (Street and Number)

357 N Bond st

5. Full Name of Mother

Florence Morris

6. Mother's Maiden Name

Roberts

7. Mother's Birthplace

Pa.

8. Full Name of Father

Richard S. Morris

9. Father's Occupation

Carpenter

10. Father's Birthplace

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

W. B. Billmeyer, M.D.

Address

236 E John st

Remarks

254 E Boston st

RETURN OF A BIRTH

16826

That any physician, accoucheteur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56826

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 July

4. Place of Birth, (Street and Number)

416 Canton Ave.

5. Full Name of Mother,

Anna B. Sanders

6. Mother's Maiden Name,

Baltimore Md

7. Mother's Birthplace,

Thomas G. Cosby

8. Full Name of Father,

John

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

John

Name of Medical Attendant, or other Person who makes this Return

Address, 11 Jackson St

Remarks,

RETURN OF A BIRTH

56827

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56827*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, *July 20th 1892*
 4. Place of Birth, (Street and Number) *100 Barre St.*
 5. Full Name of Mother, *Sallie Craig*
 6. Mother's Maiden Name, *" Walston*
 7. Mother's Birthplace, *Salisbury, Md.*
 8. Full Name of Father, *Robert Craig*
 9. Father's Occupation, *Delesman*
 10. Father's Birthplace, *Balto, City*
 Name of Medical Attendant, or other Person who makes this Return *R. J. N. Tall, M.D.*
 Address, *152 Sharp St.*
 Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56828

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 20th 1882

4. Place of Birth, (Street and Number)

Maternity Hosp. 161 N. Lombard St.

5. Full Name of Mother,

Annie Walters

6. Mother's Maiden Name,

S

7. Mother's Birthplace,

New York

8. Full Name of Father,

L

9. Father's Occupation,

L

10. Father's Birthplace,

St Paul Dist. S. C. Res. Phys.

Name of Medical Attendant, or other Person who makes this Return

Address, Maternity Hosp. 161 N. Lombard St.

Remarks,

Illegitimate - L S J H

2
 That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56829

To the Office of Registrar of Vital Statistics, Board of Health.
 BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *16th Henry Hutchins*
1. Sex (state whether male or female) *Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth
4. Place of Birth (Street and Number) *31 Oxford street*
5. Full Name of Mother *Catharine detn*
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father *Albert detn*
9. Father's Occupation *coal holder*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return.
- Address *16th Henry Hutchins*
- Remarks



IDA JANE MCPHAIL

RETURN OF A BIRTH

1882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

female.

white

July 21, 1882

4. 4th St.

Ida McPhail.

Linton.

Balt.

James S McPhail

Jeweller.

Balt.

Dr Morgan

119 W Monument St

Name of Medical Attendant, or other Person who makes this Return

Address,

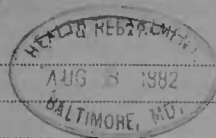
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or receive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56831

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



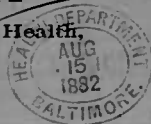
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) Caucasian
 3. Date of Birth, 21 July
 4. Place of Birth, (Street and Number) Chilma St 56
 5. Full Name of Mother, Mary Beyer
 6. Mother's Maiden Name, Jackson
 7. Mother's Birthplace, Alexander Va
 8. Full Name of Father, Henry Beyer
 9. Father's Occupation, tinmer
 10. Father's Birthplace, Therent County Md
 Name of Medical Attendant, or other Person who makes this Return A Wilson
 Address, 500 S St 208
 Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16832

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

M

W

July 21st 1882

362 Gilmer st

Emma Rogers

Frederick

Albert H Rogers

Carpenter

Balt

Name of Medical Attendant, or other Person who makes this Return

R. Winslow

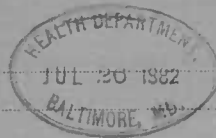
Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1883

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 21 1882

4. Place of Birth, (Street and Number) Baltimore City 94 Glenister St

5. Full Name of Mother, Mary B Watts

6. Mother's Maiden Name, Mary B Burgess

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thomas A Watts

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

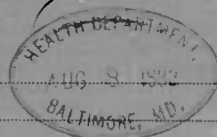
Address, 114 Bridgely St.

Remarks,

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the matric name of the mother of such child or children."

RETURN OF A BIRTH 16834

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth, 21 of July

4. Place of Birth, (Street and Number) Hamburg St 1004

5. Full Name of Mother, Ellen Brown

6. Mother's Maiden Name, all sup

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Brown

9. Father's Occupation, Brick yard

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, A. Wilson

Address, Cedar St 368

Remarks,

At the birth of any child, within the City of Baltimore, shall report to the Registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

1683.1

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 21st 1882

4. Place of Birth, (Street and Number) care 115 South Main St

5. Full Name of Mother Maggie Owens

6. Mother's Maiden Name Maggie Graham

7. Mother's Birthplace Eastern Shore of Maryland

8. Full Name of Father James P. Owens

9. Father's Occupation

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.

Address care 5 Franklin St.

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56836

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2^d)

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

July 21st 1882

4. Place of Birth, (Street and Number).....

371 W. Fayette St.

5. Full Name of Mother,

Elizabeth Huletinson

6. Mother's Maiden Name,

" " Wheeler

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Thos. Huletinson

9. Father's Occupation,

Sexton

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

Chas. Worthington M.D.
373 W. Fayette St.

Address,

Remarks,

RETURN OF A BIRTH

56837

advice
days
physical
aiden

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16837

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 children
 1. Sex (state whether male or female) Male child
 2. Race or Color, (if not of the white race) Colored 21 of July
 3. Date of Birth 21 28 of July
 4. Place of Birth, (Street and Number) 78 of Bethel st
 5. Full Name of Mother Anna Demby
 6. Mother's Maiden Name Anna Demby
 7. Mother's Birthplace St. Easton Shore
 8. Full Name of Father Ferry Demby
 9. Father's Occupation Bricklayer
 10. Father's Birthplace Easton Shore
 Name of Medical Attendant, or other Person who makes this Return. Mrs. Harriet Britton
 Address 78 of Bethel st
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

56838

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, July 21st 1888
 4. Place of Birth, (Street and Number) No 11 Palapoco St
 5. Full Name of Mother, Hester Barton
 6. Mother's Maiden Name, Hester Bowden
 7. Mother's Birthplace, Stone Asundel Ec md
 8. Full Name of Father, John B. Barton
 9. Father's Occupation, Labourer
 10. Father's Birthplace, Balt city md
 Name of Medical Attendant, or other Person who makes this Return Elizabeth Hinton
 Address, No 28 Palapoco St
 Remarks.

WM. J. C. DULANEY & CO., CITY PRINTERS AND STATIONERS.

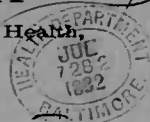
RETURN OF A BIRTH

56839

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 21st 1882.

4. Place of Birth, (Street and Number)

186. S. Fremont St.

5. Full Name of Mother,

Amelia Anbel.

6. Mother's Maiden Name,

" Schuid.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Fred. Anbel.

9. Father's Occupation,

Lithographer.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall, M.D.

Address.

152. S. Sharp St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56840

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 21st 1882

4. Place of Birth, (Street and Number)

Baltimore, Md. S. N. 387

5. Full Name of Mother,

Laura Adams

6. Mother's Maiden Name,

Blutcher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Adams

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mar. C. Whitman

Address,

No. 58 Jackson St.

Remarks,

56841

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56841

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



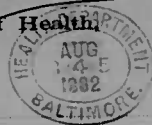
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
- Sex (state whether male or female) Female
- Race or Color (if not of the white race) white
- Date of Birth July 22
- Place of Birth (Street and Number) 406 E. Sugar St.
- Full Name of Mother Estella May Vancostland
- Mother's Maiden Name Estella May Munk
- Mother's Birthplace Harford Co.
- Full-Name of Father John Vancostland
- Father's Occupation Machinist
- Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. M. R.
- Address 272 St. Broadway
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 22nd 1882*

4. Place of Birth, (Street and Number) *S. Gay St.*

5. Full Name of Mother, *Fanny Simbler*

6. Mother's Maiden Name, *" Kellner*

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Louis Simbler*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes the Return *Mrs. C. Bernstein*

Address, *13. C. Lombard St.*

Remarks,

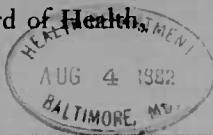
Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56843

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

July 22d 1882

4. Place of Birth (Street and Number)

18 Stiles st

5. Full Name of Mother

Margie Kelly

6. Mother's Maiden Name

O'Connell

7. Mother's Birthplace

Balto. md.

8. Full Name of Father

William Kelly

9. Father's Occupation

mariner

10. Father's Birthplace

Balto. md.

Name of Medical Attendant, or other Person who makes this return

P. G. Dausch md

Address

3. N. B'way

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56844

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5th

1. Sex (state whether Male or Female) ... male

2. Race or Color (if not of the white race) ...

3. Date of Birth ... July 31st 1882

4. Place of Birth (Street and Number) ... over Street

5. Full Name of Mother ... Susanna

6. Mother's Maiden Name ... Leale

7. Mother's Birthplace ... Mary's Ct

8. Full Name of Father ... William Mason

9. Father's Occupation ... Steward

10. Father's Birthplace ... St Mary's Ct

Name of Medical Attendant, or other Person who makes this Return. ... Agnes Johnson

Address ... 922 Jackson St

Remarks ...

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56841

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex. (state whether male or female) Female
 2. Race or Color. (if not of the white race) White
 3. Date of Birth, 22nd July 1882
 4. Place of Birth. (Street and Number) 428 Pratt St
 5. Full Name of Mother, Barbara Rehnheimer
 6. Mother's Maiden Name, Barbara Pinkley
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, Charles Rehnheimer
 9. Father's Occupation, Shoe maker
 10. Father's Birthplace, Baltimore Md
 Name of Medical Attendant, or other Person who makes this Return, Wm J. McLaughlin
 Address, 375 4th St
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

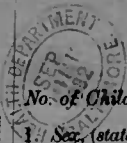
16846

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 Birth*
 1. Sex, (state whether male or female) *Girl*
 2. Race or Color, (if not of the white race) *Wet*
 3. Date of Birth, *22 July*
 4. Place of Birth, (Street and Number) *402 1/2 Street No 128*
 5. Full Name of Mother, *Kathe Schmit*
 6. Mother's Maiden Name, *Wadel*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Christian Schmit*
 9. Father's Occupation, *Booker*
 10. Father's Birthplace, *Marktstadt Baiern*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Maurer*
 Address, *Lombard Street No 248.*
 Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH 16847

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 22nd 1882.

4. Place of Birth, (Street and Number) No. 129 N. Bethel St.

5. Full Name of Mother, Lizzie Burlice

6. Mother's Maiden Name, Lizzie Willdabrand

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Burlice

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, No 185 S.E. cor. Central w. & Monument st.

Remarks, All Well.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56848

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22nd 1882
4. Place of Birth, (Street and Number) 149. Hasford Ave
5. Full Name of Mother, Flora Savage
6. Mother's Maiden Name, Flora Roberts
7. Mother's Birthplace, Queen Ann's Co Md
8. Full Name of Father, Martin C. Savage
9. Father's Occupation, Rail Road Conductor
10. Father's Birthplace, Cleveland Ohio
Name of Medical Attendant, or other Person who makes this Return Lewis W. Hunter M.D.
Address, 36 Greenmount Ave
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, July the 22nd 1882

4. Place of Birth, (Street and Number) Baltimore Ann St No 91

5. Full Name of Mother, Sarah Tilghman

6. Mother's Maiden Name, Boyd

7. Mother's Birthplace, Frederick city

8. Full Name of Father, Charles Tilghman

9. Father's Occupation, Laborer

10. Father's Birthplace, Frederick city

Name of Medical Attendant, or other Person who makes this return

Mary A Dorsey
83 Oxford St

Address.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

Wet

3. Date of Birth,

22 July

4. Place of Birth, (Street and Number)

~~State~~ Dreibrun

5. Full Name of Mother,

Anna Sellmaier

6. Mother's Maiden Name,

" " Florie

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ludwig Sellmaier

9. Father's Occupation,

Putcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Mauser

Address,

Remarks,

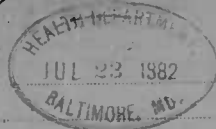
Lombard Street No 248

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56 P51

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

22nd July

4. Place of Birth, (Street and Number)

48 S. Water St

5. Full Name of Mother,

Lizzie Buchorst

6. Mother's Maiden Name,

Elogereth

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Bernhard Buchorst

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

Dr. J. J. Lambard

Address,

Remarks,

8 months still ill & heavy after birth

RETURN OF A BIRTH

56 P52

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *56853*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

9th Child
Female



1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race).

3. Date of Birth,

July 22nd 1882
1168 Hamburg st

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

Henrietta Jacoby

6. Mother's Maiden Name,

7. Mother's Birthplace,

America
William Jacoby

8. Full Name of Father,

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who takes this Return

J. Schwagerl midwife
330 Hanover st.

Address,

Remarks,

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56854

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth,

22nd of July 1882

4. Place of Birth, (Street and Number)

Cambridge No. 19

5. Full Name of Mother,

Mary Rakner

6. Mother's Maiden Name,

M. Hannanman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. Rakner

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany in Garden St. Gasbach

Name of Medical Attendant, or other Person who makes this Return

Miss. Luckner

Address,

10 Essex St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5688A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY

JUL
29
1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 22nd 1882

4. Place of Birth, (Street and Number)

161 W. Lombard, Maternity

5. Full Name of Mother

Annie Walters

6. Mother's Maiden Name,

D.

7. Mother's Birthplace,

New York

8. Full Name of Father,

✓

9. Father's Occupation,

✓

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr. Paul L. Lush M.D.

Address,

161 W. Lombard St

Remarks,

Illigible

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17856

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) _____
3. Date of Birth July 22 - 1882 -
4. Place of Birth (Street and Number) 135 Hanover St
5. Full Name of Mother Lizzie & Brian
6. Mother's Maiden Name _____
7. Mother's Birthplace Canada
8. Full Name of Father James Van Raalte
9. Father's Occupation Shipping Merchant
10. Father's Birthplace Holland
- Name of Medical Attendant, or other Person who makes this Return. Stillstraw & Co
- Address by Wtaylor & Co
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH

56807

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 23rd 1882.

4. Place of Birth, (Street and Number)

No. 101 Hillen St.

5. Full Name of Mother,

Eva Hohman

6. Mother's Maiden Name,

Eva Volk

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Hohman

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. M. A. Butt

Address, No. 185 S. E. cor. Central av. & Monument St.

Remarks, All Well.

2 That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
rise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56558

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2)*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 23/92*
4. Place of Birth, (Street and Number) *205 Saratoga*
5. Full Name of Mother, *Laura R Pletzen*
6. Mother's Maiden Name, *u u Stacey*
7. Mother's Birthplace, *u u City*
8. Full Name of Father, *Am Pletzen*
9. Father's Occupation, *Brown Mason*
10. Father's Birthplace, *u u City*
Name of Medical Attendant, or other Person who makes this return *Dr. D. Blaz, M.D.*
Address, *148 S. 1st St.*
Remarks,

RETURN OF A BIRTH

56559

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁶⁸⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 2nd / 1892*

4. Place of Birth, (Street and Number) *14 Randall St.*

5. Full Name of Mother, *Maggie E. Hardesty*

6. Mother's Maiden Name, *Maggie E. Shipp*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Philip A. Hardesty*

9. Father's Occupation, *Car Conductor*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return *Theodore Cook M.D.*

Address, *140 Hanover St.*

Remarks.

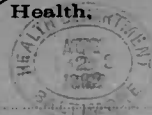
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 1, 1902

4. Place of Birth, (Street and Number)

1000 Washington St. Baltimore

5. Full Name of Mother,

Marie Green

6. Mother's Maiden Name,

Katie Horning

7. Mother's Birthplace,

Chattanooga

8. Full Name of Father,

George Horning

9. Father's Occupation,

Colorist

10. Father's Birthplace,

Chattanooga

Name of Medical Attendant, or other Person who makes this Return

Dr. J. B. Williams

Address,

347 Lexington Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *Sept 11 1886*
4. Place of Birth, (Street and Number) *1141 North Avenue*
5. Full Name of Mother. *Mrs. Mary Ann*
6. Mother's Maiden Name. *W. B. B. B.*
7. Mother's Birthplace. *Baltimore*
8. Full Name of Father. *Thomas H. B. B.*
9. Father's Occupation. *Store keeper*
10. Father's Birthplace. *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. B. B.*
- Address, *1141 North Avenue*
- Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall intend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16862

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23rd July

4. Place of Birth, (Street and Number) Canton

5. Full Name of Mother, Sophie Schmitt

6. Mother's Maiden Name, Eisenfelder.

7. Mother's Birthplace, Canton

8. Full Name of Father, Schmitt

9. Father's Occupation, Blacksmith.

10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return. E. Behnkern

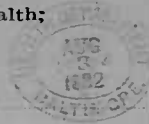
Address, Midwife

Remarks, 54 Essex St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16867*

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *23 July 1882*
4. Place of Birth, (Street and Number) *55 Grant St.*
5. Full Name of Mother, *Bridget Horner*
6. Mother's Maiden Name, *German*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Wm Horner*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Stein*
- Address, *157 E. Lea St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

56864 RETURN OF A BIRTH 56864

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 23rd 1882

4. Place of Birth, (Street and Number) Washington st.

5. Full Name of Mother, Elizabeth Schumann

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schumann

9. Father's Occupation, Working-man

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 1436 - Orchard st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16861

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

July 23, 1882
W. Wolfstr. No. 226
Mary Lamb
Helling
Balt.
John Lamb
Patter
Walt
My. John. Krausbach
Springst. No. 11

16866

RETURN OF A BIRTH 1886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23 July of July*

4. Place of Birth, (Street and Number) *Dallas Street 249 South*

5. Full Name of Mother, *Lizzie Brommel*

6. Mother's Maiden Name, *Lizzie Stump*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Brommel*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Dr. Fredericke Kaufman*
or other Person who makes this return

Address, *No 202 South Dallas Street*

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

16866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23 July of July*

4. Place of Birth, (Street and Number) *Tallas Street 249 South*

5. Full Name of Mother, *Lusie Bremmel*

6. Mother's Maiden Name, *Lusie Stump*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Bremmel*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Frederiche Kaufman*

Address, *No. 202 South Tallas Street*

Remarks:

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the date of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56867

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 9,*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *The 23 July*
- Place of Birth, (Street and Number) *No 110 Madison St*
- Full Name of Mother, *Mare Woland*
- Mother's Maiden Name, *Mare German*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Off John German,*
- Father's Occupation, *Baker*
- Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Mrs Christina Sauer
179 Xofers ere.

1882

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16868

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *July 23d 1882*
4. Place of Birth (Street and Number) *384 Annapolis St*
5. Full Name of Mother *Elizabeth Jones*
6. Mother's Maiden Name *Robinson*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *Levin R Jones*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Balt. Md*
- Name of Medical Attendant, or other Person who makes this Return. *W B Billingslee*
- Address *256 E Preston*
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56869

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *July 23d 1882*
 4. Place of Birth (Street and Number) *5-28 Gough St.*
 5. Full Name of Mother *Annie L. Cross*
 6. Mother's Maiden Name *Garner*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Walter Cross*
 9. Father's Occupation *Machinist*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *W. B. Billinglee*
 Address *246 E. Pratt St.*
 Remarks

RETURN OF A BIRTH



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child.*

1. Sex, (state whether male or female)

Boy.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

23 of July 1882.

4. Place of Birth, (Street and Number)

68 North Cassel Street.

5. Full Name of Mother,

Mary Schramm.

6. Mother's Maiden Name,

Mary Barringer.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Fred. Barringer.

9. Father's Occupation,

Laborman.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel.

Address,

71 North Cassel Street per Justina Kunkel.

Remarks,

Deluged.

7 **Great Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56871

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 23d*

4. Place of Birth (Street and Number) *88th Charles*

5. Full Name of Mother *Mollie E. Brown*

6. Mother's Maiden Name *Mollie E. Gray*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Alfred J. Brown*

9. Father's Occupation *Dentist*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Eds. Welch, M.D.*

Address *517th Calvert St.*

Remarks *Batto*
and

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 23 / 1882
4. Place of Birth, (Street and Number) 27 1/2 Arden St. Ch
5. Full Name of Mother Annie C. Sullivan
6. Mother's Maiden Name Sligman
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert J. Sullivan
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Edward J. McDevitt
- Address 504 Arden St. Ch
- Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56873

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 27th 1882

4. Place of Birth, (Street and Number)

103 S. Caroline St.

5. Full Name of Mother,

Ella Turner

6. Mother's Maiden Name,

Harford Co.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes the Return

Wm. H. Macdon

Address,

10 S. Duncan Alley

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56874

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3)
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 23 - 1882
4. Place of Birth, (Street and Number) 99 Sharp st
5. Full Name of Mother, Elise Becker
6. Mother's Maiden Name, Elise Miller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Will. Henry Becker
9. Father's Occupation, Confectioner
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer
- Address, 20 Columbia st.
- Remarks,

RETURN OF A BIRTH 56875

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 23 July

4. Place of Birth, (Street and Number) 137 Bond st

5. Full Name of Mother, Luise Mann

6. Mother's Maiden Name, Whitcraft

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Mann

9. Father's Occupation, cigar maker

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return Mrs Ros W. Mry

Address, 48 Hollands st

Remarks, Balt. Md

SUPPORT RECORDS OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July, 23rd. 82

4. Place of Birth, (Street and Number)

Maternity Hospital 161 Lombard

5. Full Name of Mother,

Lizzie Meyers

6. Mother's Maiden Name,

do

7. Mother's Birthplace,

Boet. Ma

8. Full Name of Father,

do

9. Father's Occupation,

do

10. Father's Birthplace,

do

Name of Medical Attendant, or other Person who makes this Return

H. Blue Detach M.D.

Address,

161 Lombard St

Remarks,

I Legitimish

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16877

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth child*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth *July 23rd 1882*
4. Place of Birth, (Street and Number) *82 Baring St*
5. Full Name of Mother *Emily Clarke*
6. Mother's Maiden Name *Emily Clarke*
7. Mother's Birthplace *St Marys Co.*
8. Full Name of Father *James Garner*
9. Father's Occupation *Heretore*
10. Father's Birthplace *St Marys Co.*
- Name of Medical Attendant, or other person who makes this Return. *Mary E Wallace*
- Address *113 Baring St Baltimore Md*
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16878

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) _____
3. Date of Birth *July 25^d. 1882*
4. Place of Birth (Street and Number) *85 N. Charles St.*
5. Full Name of Mother *Pattie Pemberton*
6. Mother's Maiden Name _____
7. Mother's Birthplace *U.S.*
8. Full Name of Father *Osidor Berman M.D.*
9. Father's Occupation *Physician*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Lovanet B M.D.*
- Address *137 W. Fayette St.*
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56879

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 23/83*

4. Place of Birth, (Street and Number) *Kenilworth St*

5. Full Name of Mother, *Ernestine Keller*

6. Mother's Maiden Name, *Ernestine Schmeisser*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Samuel E Keller*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

W. H. Miller M.D.
87 Kenilworth St

RETURN OF A BIRTH

56880

Correct Record of Vital Statistics is the key of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1688a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

Male
White
July 23rd 1882
Baltimore Berlin St. No. 12
Eddie Nier
Baltimore
Baltimore
Hessman, Alice
Black, Smith
Baltimore
Hessman, Alice
No. 12 Berlin St.

Return of Birth Statistics in the City of Baltimore.

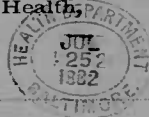
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child.*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24 Day of July*

4. Place of Birth, (Street and Number) *101 Cambridge Street*

5. Full Name of Mother, *Anna Reitzel*

6. Mother's Maiden Name, *Annie Mel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel Reitzel*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *Mrs. Frederick Kaufmann
202 South Dallas Street*

Remarks.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 10.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *the 24 of July*
4. Place of Birth, (Street and Number) *No 298 St. Control*
5. Full Name of Mother, *Anne Marie Jaekel*
6. Mother's Maiden Name, *Anne Marie Engelhard*
7. Mother's Birthplace, *Germane*
8. Full Name of Father, *John Engelhard*
9. Father's Occupation, *Talger*
10. Father's Birthplace, *German*
Name of Medical Attendant, *or other Person who makes this Return.*
Address, *Mrs. Christine Damer,*
Remarks, *177 Dorchester,*

1882

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 24 - 1882

4. Place of Birth, (Street and Number) No 164 Greenmount Ave

5. Full Name of Mother Josephine Guchert

6. Mother's Maiden Name Josephine Lunk

7. Mother's Birthplace Balto

8. Full Name of Father John Guchert

9. Father's Occupation carpenter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Genl. Halliday

Address 182 E Monument St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16884

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Children*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 24th*

4. Place of Birth, (Street and Number) *51 South Poppleton St.*

5. Full Name of Mother, *Lydia F. Hartman*

6. Mother's Maiden Name, *Lydia F. Weinmar*

7. Mother's Birthplace, *Hennrich Wartenberg Germany*

8. Full Name of Father, *John Hartman*

9. Father's Occupation, *Welder*

10. Father's Birthplace, *Richmond, Indiana*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Seaback*

Address, *439 West Pratt St.*

Remarks,

Copyrighted by the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1688

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 24th.

4. Place of Birth, (Street and Number)

No 51 South Poppleton St.

5. Full Name of Mother.

Lydia J. Heimer Hartman.

6. Mother's Maiden Name.

7. Mother's Birthplace,

Hennrich, Germany, Krollenburg

8. Full Name of Father,

John Hartman

9. Father's Occupation,

Carpenter

10. Father's Birthplace:

Richmond Indiana.

Name of Medical Attendant, or other Person who makes this Return

Dr. Heiser

Address,

439 West Pratt

Remarks,



RETURN OF A BIRTH *56886*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 24th*

4. Place of Birth, (Street and Number) *No 226 Caroline st*

5. Full Name of Mother, *Anna Meyer*

6. Mother's Maiden Name, *John*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Herman Meyer*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. P. Simon*

Address, *No 7 Frankly st*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, address as follows, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

4 rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- 16887
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 24th 1882
4. Place of Birth (Street and Number) 36th East St
5. Full Name of Mother Caroline M. J. Callow
6. Mother's Maiden Name Caroline M. J. Knowles
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Samuel W. Callow
9. Father's Occupation Shot weapon factory
10. Father's Birthplace Baltimore, Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. A. McNamee, M.D.
- Address 86th S. Fayette St
- Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth July 24, 1882
 4. Place of Birth (Street and Number) 94 Clifton St
 5. Full Name of Mother Annie Kelley
 6. Mother's Maiden Name Higgins
 7. Mother's Birthplace Richmond Va
 8. Full Name of Father Charles Kelley
 9. Father's Occupation Hotel Clerk
 10. Father's Birthplace Boston
 Name of Medical Attendant, or other Person who makes this Return. D. H. Searff M.D.
 Address 45 Mulberry St.
 Remarks (Instrumental)

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

56889

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex (state whether male or female) Male
- Race or Color (if not of the white race) White
- Date of Birth July 2, 1884
- Place of Birth (Street and Number) S. Charles St. between 1st & 2nd Sts.
- Full Name of Mother Eliza J. McElroy
- Mother's Maiden Name McElroy
- Mother's Birthplace City
- Full Name of Father John R. McElroy
- Father's Occupation Car Driver
- Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. J. C. Bayne, M.D.
- Address 157 N. Howard St.
- Remarks

Extract Regulations of the Board of Health.
rect Record of Vital Statistics in the City of Baltimore.

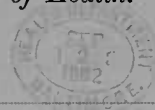
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

5689A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
 Female
 White
 14 July 1852
 1200 N. Penn
 Mary C. Calkley
 Stone
 Augustine Co.
 Thomas Calkley
 Dr. Cassin
 Alexandria Va.
 John Calkley
 124 N. Lombard St.

Baltimore Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56891

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, July 31: 1882
 4. Place of Birth, (Street and Number) 151 Preston st
 5. Full Name of Mother, Mary Emma Chalmers
 6. Mother's Maiden Name, " Meredith
 7. Mother's Birthplace, Batton County
 8. Full Name of Father, Thomas Chalmers
 9. Father's Occupation, Minister
 10. Father's Birthplace, England
 Name of Medical Attendant, Dr. William S
or other Person who makes this Return
 Address, 211 Madison Ave
 Remarks,

RETURN OF A BIRTH 56892

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist in, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. His or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56892

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

July 24th 1882

3. Date of Birth,

Ans 146 Villiers St

4. Place of Birth, (Street and Number)

Elizabeth

5. Full Name of Mother,

Annex

6. Mother's Maiden Name,

Merica

7. Mother's Birthplace,

James C. Lyle

8. Full Name of Father,

Laborer (R.R.)

9. Father's Occupation,

American

10. Father's Birthplace,

E. D. Williams

Name of Medical Attendant, or other Person who makes this Return

53 Elliott St

Address,

Remarks,

56893

46

- Feb 24 1882
 Alie Mrs No 30
 Elizabeth Haring
 Lau
 Prussia
 Loreng Haring
 Germania
 Prussia
 Mrs L. B. Haring
 Prussia No 11

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition. Whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

CAREFUL REGISTRATION OF THE BIRTH OF CHILDREN IS NECESSARY TO SECURE A FULL AND CORRECT RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56894

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 24th 1882

4. Place of Birth, (Street and Number) Ing 96 Sommerses

5. Full Name of Mother Hate Trageser

6. Mother's Maiden Name Hate Bremer

7. Mother's Birthplace Balto

8. Full Name of Father John Trageser

9. Father's Occupation Taylor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Genl. E. H. Lewis

Address 182 E Monument St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1889

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) N 25

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 24 1889

4. Place of Birth, (Street and Number) No 154 N Front

5. Full Name of Mother Jennie Keller

6. Mother's Maiden Name Jennie Kelley

7. Mother's Birthplace Balt

8. Full Name of Father William Kelley

9. Father's Occupation carpenter

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Leona Halligan

Address 1826 Monument

Remarks



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16895

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) N 25
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth July 24 - 1892
 4. Place of Birth, (Street and Number) No 154 N Front
 5. Full Name of Mother Jennie Kelley
 6. Mother's Maiden Name Jennie Kelley
 7. Mother's Birthplace Balto
 8. Full Name of Father William Kelley
 9. Father's Occupation Condewater
 10. Father's Birthplace Balto
 Name of Medical Attendant, or other Person who makes this Return. Lena Williger
 Address 1826 Monument
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56896

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 24 1882.

4. Place of Birth, (Street and Number)

169 S. Ann St.

5. Full Name of Mother,

Wilhelmine Maule,

6. Mother's Maiden Name,

Weitzel

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Wm. A. Maule.

9. Father's Occupation,

Inspector of Flour.

10. Father's Birthplace,

Maryland.

Name of Medical Attendant, or other Person who makes this Return.

A. F. Esich M. D.

Address,

95 Park ave.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

56897

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 24 - 1882
4. Place of Birth, (Street and Number) No 33 Mulliman St
5. Full Name of Mother Mary Mority
6. Mother's Maiden Name Mary Gerard
7. Mother's Birthplace Baltimore
8. Full Name of Father Albert Mority
9. Father's Occupation Iron Molder
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H. H.
- Address 182 E. Monument
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *24 July 1882*

4. Place of Birth, (Street and Number) *Parkin St 96*

5. Full Name of Mother, *Minna Kraft*

6. Mother's Maiden Name, *Minna Rott*

7. Mother's Birthplace, *Lotte. Prussia*

8. Full Name of Father, *Anton Kraft*

9. Father's Occupation, *Lithographer*

10. Father's Birthplace, *Gen. Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. Reinhard*

Address, *224 West Fayette Street*

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16899

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 24 1882

4. Place of Birth, (Street and Number)

246 Queen St

5. Full Name of Mother,

Antoinette K. Hailz

6. Mother's Maiden Name,

Liddon

7. Mother's Birthplace,

Washington

8. Full Name of Father,

Harry C. Hailz

9. Father's Occupation,

Furniture Business

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Harry A. Colwell

Address, 206 N. Broadway

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56900

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 24th 1882*
4. Place of Birth, (Street and Number) *2. Ramsey st*
5. Full Name of Mother, *Mary Whalen*
6. Mother's Maiden Name, *Mary Swilenburg*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *John Whaling*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Mary E. Bentley 90 St Peter st*
Address,
Remarks, *Child living*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56901

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

12 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

Wet

3. Date of Birth,

24 Juli

4. Place of Birth, (Street and Number)

Register Street No 167

5. Full Name of Mother,

Mari Schell

6. Mother's Maiden Name,

" " Petzner

7. Mother's Birthplace,

Freistadt Baiern

8. Full Name of Father,

Joseph Schell

9. Father's Occupation,

10. Father's Birthplace,

Ludheim

Name of Medical Attendant, or other Person who makes this Return

Mrs Maurer

Address,

Remarks,

Lombart Street No 278

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th July 1882

4. Place of Birth, (Street and Number) Balta. Washington st No 101

5. Full Name of Mother, Gen. Pope

6. Mother's Maiden Name, G. Papis

7. Mother's Birthplace, Germany

8. Full Name of Father, Gen. Pope

9. Father's Occupation, Taylor

10. Father's Birthplace, Germany

Name of Medical Attendant, Marg. Popstuck
or other Person who makes this return

Address No 29 N. Washington St

Remarks, Marg. Popstuck

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *56903*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Jewish*
3. Date of Birth. *24 July*
4. Place of Birth, (Street and Number) *39 S. Eden st*
5. Full Name of Mother. *Fannie Rosenthal*
6. Mother's Maiden Name. *" Hamburger*
7. Mother's Birthplace. *Baltimore*
8. Full Name of Father. *Isa Rosenthal*
9. Father's Occupation, *doesn't do anything*
10. Father's Birthplace. *Bult. Old*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Albry
48 Hollman st

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *July 24th*
 4. Place of Birth (Street and Number) *No 42 Stockhallin Street*
 5. Full Name of Mother *Emma Ann Hammond*
 6. Mother's Maiden Name *Emma Ann Farrell*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *John Hammond*
 9. Father's Occupation *Laborer*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Lawrence J. Mills*
 Address *No 46 Stockhallin Street*
 Remarks *all well and Doing Well*

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56905

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 28th

4. Place of Birth, (Street and Number)

48 Ray St

5. Full Name of Mother,

Sam Thomas

6. Mother's Maiden Name.

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Will Johnson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

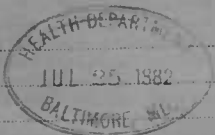
Sarah Holden

Address,

10 Clarkson St

Remarks,

Was called in case of emergency, am not a midwife



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

16906

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female)

female.

2. Race or Color, (if not of the white race)

white.

3. Date of Birth,

July 22, 1882.

4. Place of Birth, (Street and Number)

No. 88 Battery Avenue.

5. Full Name of Mother,

Lena Getzinger.

6. Mother's Maiden Name,

Lena Ulrich.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

William Getzinger.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Bach.

Address,

127 Johnson St. Baltimore Md

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First
Female
white
July 25th - 1882
148 Chesapeake St.
Anne
Easterday
Bates Md
Lorne Krall
Seaman
Baltimore Md.
E. J. Williams MD
53 E. 14th St.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

529087

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 25
4. Place of Birth (Street and Number) 102 Lexington
5. Full Name of Mother Mary Louisa Hales
6. Mother's Maiden Name —
7. Mother's Birthplace Brooklyn
8. Full Name of Father George W. Hales
9. Father's Occupation Merchant
10. Father's Birthplace North Carolina
- Name of Medical Attendant, or other Person who makes this Return. J. H. Campbell
- Address 45 Mulberry St.
- Remarks (Instrumentation)

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56909

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4th)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 25th, 1882

4. Place of Birth, (Street and Number)

No 188 Orleans Street

5. Full Name of Mother,

Mrs. Louisa Hoffman

6. Mother's Maiden Name,

Miss Louisa Schneider

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. John W. Hoffman

9. Father's Occupation,

Harness Maker

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. H. Glenderson M.D.

Address,

No 102 N. Bond Street

Remarks,



Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex (state whether male or female) *female*
 - Race or Color (if not of the white race)
 - Date of Birth *July 25th 1882*
 - Place of Birth (Street and Number) *24 North St*
 - Full Name of Mother *Mrs Jane E. Esch*
 - Mother's Maiden Name *Mrs Jane Wolf*
 - Mother's Birthplace *Baltimore Baltimore Co*
 - Full Name of Father *Louis Esch*
 - Father's Occupation *House Trader*
 - Father's Birthplace *Baltimore*
 - Name of Medical Attendant, or other Person who makes this Return. *A. W. Johnson*
 - Address *343 W. Lombard St*
 - Remarks

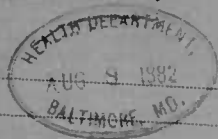
2 correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, 25 of July
4. Place of Birth, (Street and Number) no 16 Clardret aly
5. Full Name of Mother, Margret Walpord
6. Mother's Maiden Name, Jaknson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thommas Walpord
9. Father's Occupation, single
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, A Wilson
or other Person who makes this Return
- Address, Crood St 308
- Remarks,

Missing
56912



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female).
2. Race or Color, (if not of the white race).

3. Date of Birth.
4. Place of Birth, (Street and Number).

5. Full Name of Mother.
6. Mother's Maiden Name.

7. Mother's Birthplace.
8. Full Name of Father.

9. Father's Occupation.
10. Father's Birthplace.

Name of Medical Attendant.
Address.
Remarks.

Female
25th 1882
Henrietta Brown
District Repkinn
Stevens Repkinn
Mrs Elizabeth Bank
120 Bank St

Correct Record of Birth Statistics in the City of Baltimore.
of the parents and the maiden name of the mother of each child or children.
advice at the day of birth of any child, whether the City or County, shall report in duplicate, and color of the child or children, and residence
born, or on the day of birth of any child, whether the City or County, shall report in duplicate, and color of the child or children, and residence
"That any physician, apothecary, midwife, or other person who makes this Return
or other Person who makes this Return

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Correct Record of Vital Statistics in the City of Baltimore.

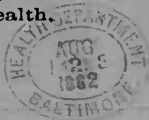
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56913

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3d

1. Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 25th 1882

4. Place of Birth, (Street and Number)

254 S Bond St

5. Full Name of Mother.

Henrietta Reppin

6. Mother's Maiden Name.

" Krum

7. Mother's Birthplace,

Germany

8. Full Name of Father.

Dietrich Reppin

9. Father's Occupation,

Stevedore

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Doh

Address,

120 Bond St

Remarks,

56913

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

2. That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56913

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th birth twins

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

25th July

4. Place of Birth (Street and Number)

Barbara Hartman

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Joseph Hartman

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Henry Hartman

Address

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth (9)*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) .
3. Date of Birth, *July 25th*
4. Place of Birth, (Street and Number) *128 Burgundy St.*
5. Full Name of Mother, *Mary Louisa Einwachter*
6. Mother's Maiden Name, *NeVERN*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Adam Einwachter*
9. Father's Occupation, *Carter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Miss J. J. J. J.*
- Address, *4th No. 66 Frederick St.*
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5691A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, July 25th 1882 8:15 A.M.
- Place of Birth, (Street and Number) No 72 S. Popplebank
- Full Name of Mother, Eleanor Virginia McCalahan
- Mother's Maiden Name, " " Johnson
- Mother's Birthplace, Baltimore Ind
- Full Name of Father, J. Calvin McCalahan
- Father's Occupation, Landowner B. & O. R. R.
- Father's Birthplace, Fardick City Ind

Name of Medical Attendant, or other Person who make this Return.

Address,

Remarks,

Bembroke M. Wampler M.D.
205 N. Lombard St

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56916

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 25/82

4. Place of Birth (Street and Number) 227 W. Fayette St

5. Full Name of Mother Lily A. McLoey

6. Mother's Maiden Name Lily A. Schauf

7. Mother's Birthplace Baltimore

8. Full Name of Father John Louis McLoey

9. Father's Occupation Undertaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who made this Return. Thomas O'Neil M.D.

Address 39 N. Carey St

Remarks Balt's.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

70111
male.
25th of July 1882
No. 912 E. Calver St.
Mary Shum
Gladstein
Schnee, father, Bremen
Johann Shum
Cigar Manufacturer
Leinweber, Prussia
Anna Shum
No. 912 E. Calver St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56918

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

W

3. Date of Birth.

25th July 1882

4. Place of Birth, (Street and Number)

161 Glenover st

5. Full Name of Mother.

Annie Lewis

6. Mother's Maiden Name.

" Stewart

7. Mother's Birthplace.

Dorchester Co Md

8. Full Name of Father.

Geo. H Lewis

9. Father's Occupation.

Paperhanger

10. Father's Birthplace.

Balt

Name of Medical Attendant,

or other Person who makes this Return

H. W. Webster

Address,

57 13 Ave st

Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56919

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

372

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 25-1882

4. Place of Birth, (Street and Number)

40 Oxford St

5. Full Name of Mother,

Martha Cooke

6. Mother's Maiden Name,

Martha Cooke

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

(Illegible)

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr. Sullivan M.D.

Address,

150 N. Emden

Remarks,

Atrogestation 6 mo. living
weight about 2 1/4 lbs (26 drs)

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16920

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth July 25/88

4. Place of Birth, (Street and Number) 24 x 26 St. Baltimore

5. Full Name of Mother Carrie Moses

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Jacob Moses

9. Father's Occupation Merchant Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Edward P. Mowbray

Address 84 Arnywick St

Remarks



Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex (state whether male or female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *2^d 30^m P.M. 25th July 1882.*
 4. Place of Birth (Street and Number) *191 Pennsylvania Avenue Balto*
 5. Full Name of Mother *Mary Louisa Knipp*
 6. Mother's Maiden Name *Mary Louisa Moser*
 7. Mother's Birthplace *Baltimore County - Maryland.*
 8. Full Name of Father *Charles Knipp*
 9. Father's Occupation *Furniture Finisher*
 10. Father's Birthplace *Pittsburg - Pennsylvania.*
 Name of Medical Attendant, or other Person who makes this Return. *Wm. A. Dwyer M.D.*
 Address *236 N. Howard St*
 Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7th

Male

White

July 25th

No 88 Euter st

M Johsepna Ellis

Lende

Baltimore

Jacob Eli

letter carrier

Baltimore

Sophie Simon

BIRTH. 56922

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth Child*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *July 25th 1882*

4. Place of Birth, (Street and Number) *822 Raborg St.*

5. Full Name of Mother *Mary Oliver*

6. Mother's Maiden Name *Mary Walker*

7. Mother's Birthplace *Mississippi*

8. Full Name of Father *Joseph Oliver*

9. Father's Occupation *Steadore*

10. Father's Birthplace *Alabama*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Wallace*

Address *113 Raborg St. Baltimore Md.*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Return of a Birth. To the Office of Registrar of Vital Statistics, Board of Health. BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes the Return.

Address

Remarks

2nd
Female
White
July 28th, '82
113 Druid Hill Ave.
Caroline Schmet
Hassmann
Baltimore, Md.
Henry Schmet
Marble-worker
Germany
W. B. Rider
87 Mulberry St.

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st Child

Male

White

July 26th 1882

100 Washington Road

Annie C. Mix

in a woman

City

Frank Mix

Machinist

Dr. S. Blake

168 Spruce St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH 56926

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

July 26th 1892.

4. Place of Birth, (Street and Number)

No 330 Mosher street,

5. Full Name of Mother.

Mary Luval Johnson

6. Mother's Maiden Name,

Mary D. Perkins

7. Mother's Birthplace,

Northumberland Co. Va

8. Full Name of Father,

Washington Johnson.

9. Father's Occupation,

Telegraphist.

10. Father's Birthplace,

Frederick.

Name of Medical Attendant,

or other Person who makes this Return

Co. Veltz, M. D.

Address,

No. 257 S. Gilmore st.

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



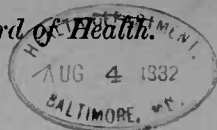
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 26 1882*
4. Place of Birth, (Street and Number) *Theresa Street near Baltimore*
5. Full Name of Mother, *Jana Born*
6. Mother's Maiden Name, *Jana Keller*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *August Born*
9. Father's Occupation, *Copper*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, *Long Persons*
or other Person who makes this Return.
- Address,
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as to the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether male or female) Female
 2. Race or Color (if not of the white race) Colored
 3. Date of Birth July 26 15 1882
 4. Place of Birth (Street and Number) 93 Sumner St.
 5. Full Name of Mother Maria D. Frazier
 6. Mother's Maiden Name " " Jackson
 7. Mother's Birthplace Petersburg Va
 8. Full Name of Father William Wesley Frazier
 9. Father's Occupation Barber
 10. Father's Birthplace Bull Run Md
 Name of Medical Attendant, or other Person who makes this Return. L. D. Whine, M.D.
 Address 806 E. Fayette St
 Remarks

4

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16929

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 26th 1882

4. Place of Birth, (Street and Number) No 38 Leysor St

5. Full Name of Mother Carlina Weinbaum

6. Mother's Maiden Name Carlina Holan

7. Mother's Birthplace Balt

8. Full Name of Father J. Weinbaum

9. Father's Occupation Barber

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Lena Thillegi's

Address 182 E Monument

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 16930

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth July 26th

4. Place of Birth, (Street and Number) No 301 E Eager St

5. Full Name of Mother Sophie Landenslager

6. Mother's Maiden Name Sophie Granestad

7. Mother's Birthplace Balto

8. Full Name of Father Louis Landenslager

9. Father's Occupation Master

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H.

Address 182 E Monument

Remarks

correct record of vital statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16921

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

26 July

4. Place of Birth, (Street and Number)

N Howard 109 1/2

5. Full Name of Mother,

Mary Magdalene Brady

6. Mother's Maiden Name,

M. M. Ready

7. Mother's Birthplace,

Liverpool, England

8. Full Name of Father,

John C. Brady

9. Father's Occupation,

clerk

10. Father's Birthplace,

New York City

Name of Medical Attendant, or other Person who makes this Return

L. F. Richardson

Address,

224 W. Fayette Street

Remarks,



Annual Report of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56952

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jul 26 1882

4. Place of Birth, (Street and Number)

170 Calverton St

5. Full Name of Mother,

Julia H. H. Johnson

6. Mother's Maiden Name,

Julia H. H. Brock

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

R. W. Johnson

9. Father's Occupation,

Physician

10. Father's Birthplace,

Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return

S. W. Williams

Address,

121 W. Lombard St

Remarks,

Return of a Birth

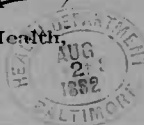
"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar a record, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16933

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 26 '82

4. Place of Birth, (Street and Number)

7 Middle St

5. Full Name of Mother,

Alice Hagare

6. Mother's Maiden Name,

Clark

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Augustus Hagare

9. Father's Occupation,

Cabinet-Maker

10. Father's Birthplace, ...

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Howell

Address, 286 St. Lenox St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16934

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26th 1882.

4. Place of Birth, (Street and Number)

33 Clarke St.

5. Full Name of Mother.

Hannie Robinson

6. Mother's Maiden Name,

Grace

7. Mother's Birthplace,

Howard Co. Md.

8. Full Name of Father.

John D. Robinson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. William H. H.

Address,

431 Penna. Ave.

Remarks,

Return of a Birth Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16925

111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

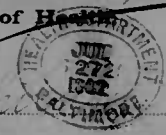


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ²
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 July 1882
4. Place of Birth, (Street and Number) Balt. Belair Road No.
5. Full Name of Mother, Mary Boyda
6. Mother's Maiden Name, Batennia
7. Mother's Birthplace, Gahrn Boyda
8. Full Name of Father, Gardener
9. Father's Occupation, Batennia
10. Father's Birthplace, Batennia
- Name of Medical Attendant, Mary Hopkin
or other Person who makes this Return
- Address, No. 69 North Washington St.
- Remarks, Mary Hopkin

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56936

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 26th July

4. Place of Birth, (Street and Number) no 50 Washington

5. Full Name of Mother, Annie Koffelman

6. Mother's Maiden Name, Annie Kuck

7. Mother's Birthplace, New York

8. Full Name of Father, George Koffelman

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Guy Russell

Name of Medical Attendant, or other Person who makes this Return, Will Grant et al - 439 p.m.

Address, Mrs. Sebeck

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56937

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *miss Louisa Mable*
1. Sex (state whether Male or Female) *has a child born female*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth
4. Place of Birth (Street and Number) *142 York Street.*
5. Full Name of Mother *Miss Louisa Mable*
6. Mother's Maiden Name
7. Mother's Birthplace *Col. but country*
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Mable*
- Address
- Remarks

Return of Birth of Child in the City of Baltimore.

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

16950

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26 of July 1882*
4. Place of Birth, (Street and Number) *408 East Fayette Street*
5. Full Name of Mother, *Sophie Baum*
6. Mother's Maiden Name, *Sophie Baum*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Frank Baum*
9. Father's Occupation, *Crossier Grosaries*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Crescencia Kunkel*
- Address, *11 North & Koppel Street per Justina Kunkel*
- Remarks, *Healthy*

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth July 26th 1882
 4. Place of Birth 121 Maryland Ave
 5. Full Name of Mother Horron Finneran
 6. Mother's Maiden Name Handley
 7. Full Name of Father Baltimore Co.
 8. Father's Occupation Edw. Finneran
 9. Father's Birthplace Polishman
 10. Name of Medical Attendant, or other Person who makes this Return. Baltimore

Address
 Remarks
L. E. Osterman
223 Madison Ave

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

56939

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 26, 1882*
4. Place of Birth (Street and Number) *131 Maryland Av.*
5. Full Name of Mother *Honora Finerman*
6. Mother's Maiden Name *Hanley*
7. Mother's Birthplace *Balti. Co.*
8. Full Name of Father *Edw. Finerman*
9. Father's Occupation *Policeman*
10. Father's Birthplace *Balti.*
- Name of Medical Attendant, or other Person who make this Return. *L. E. Atkinson*
- Address *223 Madison Av.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *offsite*
3. Date of Birth, *July 26th*
4. Place of Birth, (Street and Number) *No 134 Central ave.*
5. Full Name of Mother, *Mary Kilian*
6. Mother's Maiden Name, *2nd Viol*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Herman Kilian*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Joseph Dimony*
- Address, *No 76 Granby st*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56941

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 26,

4. Place of Birth, (Street and Number)

N. Baltimore, No. 431.

5. Full Name of Mother,

Charlotte Graf

6. Mother's Maiden Name,

Jacke

7. Mother's Birthplace,

Oberitzko, P. Prussia

8. Full Name of Father,

Ed. Graf

9. Father's Occupation,

Restaurant and keep the cool beer

10. Father's Birthplace,

Wittstock, P. Prussia

Name of Medical Attendant, or other Person who makes this Return

Hanigundt, M.D.

Address,

Columbia St. 20

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56942

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White American

3. Date of Birth, July 27 82

4. Place of Birth, (Street and Number) 12 Broadway St.

5. Full Name of Mother, Augusta Lang

6. Mother's Maiden Name, Limbach

7. Mother's Birthplace, Bach

8. Full Name of Father, Charles Lang

9. Father's Occupation, Sea-man

10. Father's Birthplace, Bach

Name of Medical Attendant, or other Person who makes this Return Gray Smith M.D.

Address, Co. Ironwood and Monro St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56943

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 27/82

4. Place of Birth, (Street and Number)

208 E. Balg. St.

5. Full Name of Mother,

Mary E. Limbs

6. Mother's Maiden Name,

" " Roberts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W. R. Limbs

9. Father's Occupation,

Sail maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 S. Broadway

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56944

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 27/82

4. Place of Birth (Street and Number)

90 W. Charles St

5. Full Name of Mother

Maggie E. Galloway

6. Mother's Maiden Name

" Joyce

7. Mother's Birthplace

Balto

8. Full Name of Father

L. J. Milbourne

9. Father's Occupation

Newspaper Advertiser

10. Father's Birthplace

Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address

39 W. Carey St

Remarks

Balto

RETURN OF A BIRTH

56945

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56945

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 27th. 1882.*
4. Place of Birth, (Street and Number) *No 94, Mullickin St.*
5. Full Name of Mother, *T. Degele*
6. Mother's Maiden Name, *T. Heigmann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *August Degele*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *M. A. Bull*
Address, *No 185 S.E. cor. Central av. & Monument B.*
Remarks, *All Well*

RETURN OF A BIRTH

56946

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56946

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27th 1882

4. Place of Birth, (Street and Number)

354 Hamburg St

5. Full Name of Mother,

Elizabeth Tribull

6. Mother's Maiden Name,

Richstein
Penn.

7. Mother's Birthplace,

8. Full Name of Father,

Reinhold Tribull

9. Father's Occupation,

Manufacturer of Brush making materials

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

S. V. Feldner M. D.

Address,

S. E. Cor. Eager & Caroline Sts

Remarks,



RETURN OF A BIRTH 56947

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and colour of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56947

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2. Child.

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

27 July 1889.

4. Place of Birth, (Street and Number)

431 East Lombard

5. Full Name of Mother,

Margia Burns

6. Mother's Maiden Name,

Margia Kirby

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Burns

9. Father's Occupation,

Labor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Lauria Wiley

Address,

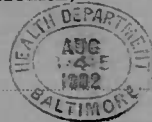
Remarks,

Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56948

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

66

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27 1882

4. Place of Birth, (Street and Number)

St. Stephen's St. No 36

5. Full Name of Mother,

Theresa Mauer

6. Mother's Maiden Name,

Bitter

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

James Mauer

9. Father's Occupation,

Trapper

10. Father's Birthplace,

Balt.

Name of Medical Attendant,

or other Person who makes this Return

Wm. John Brown

Address,

St. Stephen's St. No 14

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

56949

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 27 1882
4. Place of Birth, (Street and Number) No 85 Gay St
5. Full Name of Mother Mary Hess
6. Mother's Maiden Name Mary Hook
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Hess
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. H. H.
- Address 182 E. Monument St
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16950

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 27, 1882

4. Place of Birth, (Street and Number) 4016 E. Baltimore St.

5. Full Name of Mother, Francis Ann

6. Mother's Maiden Name, Hughes, Sarah

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas George

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. H. Smith

Address, 4016 E. Baltimore St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

56701

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 27th 1882.

4. Place of Birth, (Street and Number)

244 Paratoga St

5. Full Name of Mother

Kate Dunlap

6. Mother's Maiden Name

Thompson

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

A. H. Dunlap

9. Father's Occupation

Merchant

10. Father's Birthplace

Connecticut

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16902*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 27th 82*

4. Place of Birth, (Street and Number) *N.E. Cor East Ave & Cross Sts*

5. Full Name of Mother, *Mary Spencer*

6. Mother's Maiden Name, *Miller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank Spencer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Dr. J. B. [illegible]*

Address, *328 South E. St Baltimore*

Remarks,

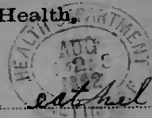
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56953

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mariat Camble eat hel Co*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *born July 27 1889*

4. Place of Birth, (Street and Number) *Baltimore Garrison Co*

5. Full Name of Mother,

6. Mother's Maiden Name, *Mariat Hemshy*

7. Mother's Birthplace, *born in Maryland*

8. Full Name of Father, *Frederic Camble*

9. Father's Occupation, *farmington*

10. Father's Birthplace, *West Molding Comtg Maryland*

Name of Medical Attendant, or other Person who makes this Return *fannie mother w d darric an m d*

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 56754

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

27 July 1882

4. Place of Birth, (Street and Number)

Jefferson St

5. Full Name of Mother

Euphemia A Taylor

6. Mother's Maiden Name

Euphemia A McPherson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Henry S Taylor

9. Father's Occupation

Wheeler

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Isabella McPherson

Address

378 East Monument

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Mabel Hoffman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27 1882

4. Place of Birth, (Street and Number)

Laurens near Division

5. Full Name of Mother,

Aileen Hoffman

6. Mother's Maiden Name,

Stevens

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Carroll Hoffman

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Dr. M. Wilson

Address,

257 Mal. Ave.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56756

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female).....

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

July 27th 1882.

4. Place of Birth, (Street and Number)

105 N. Carrollton Ave.

5. Full Name of Mother,

Almira P. Luthicam.

6. Mother's Maiden Name,

Almira P. Miller.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Charles W. Luthicam.

9. Father's Occupation,

Salesman.

10. Father's Birthplace,

Anna Arundel Co.

Name of Medical Attendant, or other Person who makes this Return.

John L. Pennington, M.D.

Address,

134 N. Carrollton Ave.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1697

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first One*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Colord*
3. Date of Birth, *27 of July*
4. Place of Birth, (Street and Number) *258 montgomes st*
5. Full Name of Mother, *Josephine henson*
6. Mother's Maiden Name, *Josephine Westley*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George henson*
9. Father's Occupation, *coal cart Driver*
10. Father's Birthplace, *Washington M D*
- Name of Medical Attendant, or other Person who makes this Return *Willie Grose*
- Address, *No 12 plumaly*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first one*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *27 of July*
4. Place of Birth, (Street and Number) *255 Hamburg St*
5. Full Name of Mother, *Virginia Watts*
6. Mother's Maiden Name, *Brown*
7. Mother's Birthplace, *Bahget Pa*
8. Full Name of Father, *James Watts*
9. Father's Occupation, *factory*
10. Father's Birthplace, *Calvert County*
- Name of Medical Attendant, or other Person who makes this Return *Miller J Ross*
- Address, *No 12 Plum St*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *27 July 1882*
 4. Place of Birth (Street and Number) *No 344 Central St*
 5. Full Name of Mother *Sarah White*
 6. Mother's Maiden Name *" J. Hammer*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Chas White*
 9. Father's Occupation *Butcher*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Wm C Hammer*
 Address *Shickler & Townsend St*
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1696A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6, child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th of July
4. Place of Birth, (Street and Number) 120 Chestnut St.
5. Full Name of Mother, Mary Lewis
6. Mother's Maiden Name, Mary Caskey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M. Lewis
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return H. J. Conway
Address, 21 E. 1st St.
Remarks, Healthy

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56961

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

27th July 1882

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Christine. Waleis

6. Mother's Maiden Name,

Beitzel

7. Mother's Birthplace,

13 auct.

8. Full Name of Father,

Thos J. Waleis

9. Father's Occupation,

Engineer

10. Father's Birthplace,

15 auct.

Name of Medical Attendant, or other Person who makes this Return

H W Wehrheit-

Address,

57 Bame

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56962

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3

July 27th

4. Place of Birth, (Street and Number)

33 Belvedere at

5. Full Name of Mother,

Margaret Schultze

6. Mother's Maiden Name,

Schubbers

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Schultze

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sophia Simon

Address,

No. 20 Granby st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16965

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27 Feb

4. Place of Birth, (Street and Number) Commercial Street 5-8

5. Full Name of Mother, Clara A Heilber

6. Mother's Maiden Name, Clara Zimmermann

7. Mother's Birthplace, Hanover

8. Full Name of Father, Auguste Heilber

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Westfalen Germany

Name of Medical Attendant,

or other person who makes this Return

Anna Walker 239 Eager Street

Address,

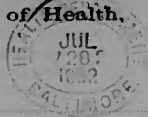
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

76964

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27 July

4. Place of Birth, (Street and Number) 720 Fremont st

5. Full Name of Mother, Kate Silbergahn

6. Mother's Maiden Name, Heim

7. Mother's Birthplace, Bairen Germany

8. Full Name of Father, Jakob Silbergahn

9. Father's Occupation, Cart Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Olney

Address,

48 Hallard st

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56968

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27 1882
4. Place of Birth, (Street and Number) No 16 Elling St Bal
5. Full Name of Mother, Mary E. McGray
6. Mother's Maiden Name, Mary E. Peters
7. Mother's Birthplace, Fredesick Md
8. Full Name of Father, Edward McGray
9. Father's Occupation, Coachman
10. Father's Birthplace, Brockton Mass
- Name of Medical Attendant, or other Person who makes this Return Wm S. Pratt
- Address, 192 Pratt St Bal
- Remarks, _____

RETURN OF A BIRTH 56966

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *Color*
 3. Date of Birth, *27 July 1882*
 4. Place of Birth, (Street and Number) *Smith St No 30*
 5. Full Name of Mother, *Mary Richard*
 6. Mother's Maiden Name, *Mary Ann Sims*
 7. Mother's Birthplace, *Baltimore Montpelier Co Md*
 8. Full Name of Father, *J H Richard*
 9. Father's Occupation, *labor*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Charlotte Ann Johnson*
- Address *Builton St in front of Bell's lumber yard*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56967

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Annie Shore Guntby

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

25th July 1892

4. Place of Birth, (Street and Number)

84 S. Washington St.

5. Full Name of Mother,

Berinda Mortimer Guntby
Shore

6. Mother's Maiden Name,

7. Mother's Birthplace,

City

8. Full Name of Father,

Steven Clarence Guntby
Wharfinger

9. Father's Occupation,

10. Father's Birthplace,

City
E. P. Jones M.D.

Name of Medical Attendant, or other Person who makes this Return.

Address,

37 S. E. Balto St.

Remarks,

CITY NAME ADDED

10-6-59

h.m.

That any Physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

56968

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 28 1882
4. Place of Birth, (Street and Number) No. 100 E. Madison st
5. Full Name of Mother Mary Whitty
6. Mother's Maiden Name Mary Hornor
7. Mother's Birthplace Baltimore
8. Full Name of Father William Whitty
9. Father's Occupation Driver on the Railroad
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Dr. Hailleguest
- Address 182 E. Madison st
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 16969

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 29 July

4. Place of Birth, (Street and Number) 38 Short Street

5. Full Name of Mother, Frances Fisher

6. Mother's Maiden Name, Hoffman

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Fisher

9. Father's Occupation, Laborer

10. Father's Birthplace, Brier

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa A. Whig
18 Ball and St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57970

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)
1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth 28 July 1882.
4. Place of Birth (Street and Number) 3 Jackson Square.
5. Full Name of Mother Mollie Katzenberger.
6. Mother's Maiden Name " Schenthal.
7. Mother's Birthplace Balto.
8. Full Name of Father Simpson Katzenberger.
9. Father's Occupation Merchant.
10. Father's Birthplace Germany.
- Name of Medical Attendant, or other Person who makes this Return. J. D. Leonard M.D.
- Address 304 E. Balto St.
- Remarks Baby very small (4 lb.); born at term.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁶⁹⁷¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 28/82
4. Place of Birth, (Street and Number) 135 W. Eutan St
5. Full Name of Mother, Henetta Miller
6. Mother's Maiden Name, Henetta Pralle
7. Mother's Birthplace, Germany
8. Full Name of Father, William Miller
9. Father's Occupation, Solaceurist
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return W. Miller M.D.
- Address, 87 W. Pringle St
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56972

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16972

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 of July

4. Place of Birth, (Street and Number) 102 West Union Ann Street

5. Full Name of Mother, Anna Lindner

6. Mother's Maiden Name, Krause

7. Mother's Birthplace, Kaisring (Bavaria)

8. Full Name of Father, Matthias Lindner

9. Father's Occupation, Farmer

10. Father's Birthplace, Hausstatton (Bavaria)

Name of Medical Attendant, or other Person who makes this Return, E. Birkman

Address, midwife 54 Essex Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, giving distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

16974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 28/1882.

4. Place of Birth, (Street and Number)

316 N. Eden st.

5. Full Name of Mother,

Clara C. Regester

6. Mother's Maiden Name,

Clara Church

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel W. Regester.

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

John F. Womble

Address.

262 W. Lombard

Remarks,

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16975

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 July

4. Place of Birth, (Street and Number)

Baltimore City Baltimore

5. Full Name of Mother,

Annie M. Withman

6. Mother's Maiden Name,

Annie M. Lyne

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George M. Withman

9. Father's Occupation,

Fig. Spinner

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Annie Drinker

Address,

No 60 Schaefer St.

Remarks,

RETURN OF A BIRTH ⁵⁶⁹⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 28th 1892*

4. Place of Birth, (Street and Number) *329 S Charles St*

5. Full Name of Mother, *Emma E. Harison*

6. Mother's Maiden Name, *Emma E. Harison*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Louis E. Harison*

9. Father's Occupation, *Bookkeeper*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other Person who makes this Return *Theodore Coote M.D.*

Address. *140 Cannon St*

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

BALTIMORE CITY.



Eighth
Female
White

- July 25th 52
149 Bowway St.

- Rosy Greenman
Yacerman

- Philadelphia

- Leopold Grossman
Police Officer

- Police Officer

- Germany

- Many
S. W. Feldner M. D.
Chil. Hs.

or other Person who
makes this Return

Signature of Person who
made this Return
S. C. Cor. Eager & Caroline Sts.

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who reports to the registrar more than twice at the birth of any child, within the City of Baltimore, shall report to the registrar the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, and residence of the mother, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH ¹⁶⁹⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Kindle
Female*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 28 '82

4. Place of Birth, (Street and Number)

*425 E. Eager St.
Sarah E. Hawkins*

5. Full Name of Mother,

Arnold

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Chas. Hawkins

8. Full Name of Father,

Caddler

9. Father's Occupation,

Virginia

10. Father's Birthplace,

Mary A. M. M. M.

Name of Medical Attendant, or other Person who
make this Return

Address, *116 E. Long St.*

Remarks,

* That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the matric name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 28th 1882

4. Place of Birth, (Street and Number)

124 Howard St (South)

5. Full Name of Mother,

Anna Berghoff

6. Mother's Maiden Name,

" Nordig

7. Mother's Birthplace,

Hannover - Germany

8. Full Name of Father,

Anton Berghoff

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Koch

Address.

228 South Eutaw St

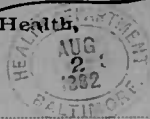
Remarks,

Baths.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 28th 1882

4. Place of Birth, (Street and Number)

156 Hanover St.

5. Full Name of Mother,

Clara Bookholt

6. Mother's Maiden Name,

" Carrol

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Am Bookholt

9. Father's Occupation,

Cow - Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Mary Koch

Address,

328 South Eddis St

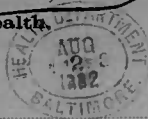
Remarks,

Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ¹⁶⁹⁸¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 28th 1882

4. Place of Birth, (Street and Number)

No 2561 N. Gay St

5. Full Name of Mother,

Catharine Kelly

6. Mother's Maiden Name,

Houghts

7. Mother's Birthplace,

Philada

8. Full Name of Father,

Michael Kelly

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Philada

Name of Medical Attendant, or other Person who makes this Return

Sarah Wooden

Address,

120 Gilmount St

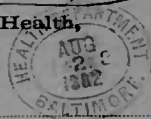
Remarks,

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16782

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucas*

3. Date of Birth, *Born July 28. 1882*

4. Place of Birth, (Street and Number) *57. Josephine Court Baltimore*

5. Full Name of Mother, *Annie E. Jones*

6. Mother's Maiden Name, *Annie E. Johnson*

7. Mother's Birthplace, *Born in Baltimore*

8. Full Name of Father, *William H. Jones*

9. Father's Occupation, *Laboring Work*

10. Father's Birthplace, *Baltimore* *Fannie Snowden. No 60 Sarriam St*

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *16913*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *sixth*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *28th July, 1882*

4. Place of Birth, (Street and Number) *318 York St. (310)*

5. Full Name of Mother, *Elizabeth Ann Tuft*

6. Mother's Maiden Name, *" Tucker*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *John Tuft*

9. Father's Occupation, *Compositor*

10. Father's Birthplace, *Boston, Mass.*

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

Last Warden 120 Greenmount St.

1. This birth certificate is to be filled out by the person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, and report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1894

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 of July

4. Place of Birth, (Street and Number)

343 Ordens St

5. Full Name of Mother,

Catie Fitzgerald

6. Mother's Maiden Name,

Kate M. Graff

7. Mother's Birthplace,

Born in Baltimore

8. Full Name of Father,

Charles J. Fitzgerald

9. Father's Occupation,

harness Maker

10. Father's Birthplace,

Born in Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Harry Walter

Address,

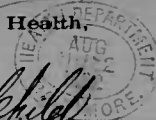
125 N. Carlones St

Remarks,

Print any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 28th 1882
131 Hamburg St
Elise Stein
Mahl

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany
Adam Stein
Baker

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Germany
J. Schroeder midwife
330 Hanover St

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

56986

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

black

3. Date of Birth

July 28 1882

4. Place of Birth (Street and Number)

21 Barre street Balt-

5. Full Name of Mother

Julia East

6. Mother's Maiden Name

" " Miles

7. Mother's Birthplace

Somerset Co md

8. Full Name of Father

John East

9. Father's Occupation

laborer

10. Father's Birthplace

Pa

Name of Medical Attendant, or other Person who makes this Return

Mary S Dennis

Address

21 Peach Aly

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

56987

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth born on the 28th of July 1882
4. Place of Birth, (Street and Number) 518 Pennsylvania Ave.
5. Full Name of Mother Maggie Nicholas
6. Mother's Maiden Name Mr. Giergastner
7. Mother's Birthplace born in Bavaria Germany
8. Full Name of Father Adam Nicholas
9. Father's Occupation Butcher
10. Father's Birthplace Hessen Germany
- Name of Medical Attendant, or other Person who makes this Return Dr. H. C. Hall
- Address 41. Hall St.
- Remarks

RETURN OF A BIRTH

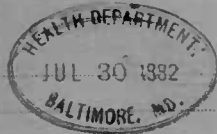
56988

THE CITY PRINTER, ACCOUNTS, MAILING, OR OTHER PERSON IN CHARGE, WHO SHALL ATTEND, SHALL OR
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, his or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16988

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7 child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

28 July

4. Place of Birth, (Street and Number)

Chai Street

5. Full Name of Mother

Margaretha Joseph Gooly

6. Mother's Maiden Name,

Margaretha Joseph

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jean Gooly

9. Father's Occupation,

officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,
or other Person who makes this Return

Anna Walker

Address,

Essex Street 239.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 25th 1882

4. Place of Birth, (Street and Number)

No 11 N. Madeira Alley.

5. Full Name of Mother,

Maria Ross

6. Mother's Maiden Name,

Maria Adam

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Ross

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. M. Amos

Address,

No 137 S. Wolfe St.

Remarks,



I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56990

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

July 29th 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28th 1882

4. Place of Birth, (Street and Number) No 9 St. Madara Alley

5. Full Name of Mother, Wilhelmina Miller

6. Mother's Maiden Name, Wilhelmina Wagner

7. Mother's Birthplace, Germany

8. Full Name of Father, Blas Miller

9. Father's Occupation, Cooper

10. Father's Birthplace, Germany

Name of Medical Attendant,

or other Person who makes this Return

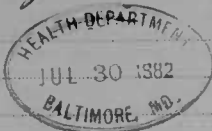
Mrs M. Strend.

Address,

No 137 S Wolfe Street

Remarks,

St



Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

56991

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Negro

3. Date of Birth,

July 28th 1882

4. Place of Birth, (Street and Number)

161 McLaughlin, "Maternity"

5. Full Name of Mother,

Mary Williams

6. Mother's Maiden Name,

unknown

7. Mother's Birthplace,

St Marys Co. Md

8. Full Name of Father,

Williams

9. Father's Occupation,

-

10. Father's Birthplace,

-

Name of Medical Attendant, or other Person who makes this Return

W. P. [unclear] M.D.

Address,

161 McLaughlin St

Remarks,

Legitimate

That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or
 be at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
 born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
 of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16992

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29 July - 1883*
4. Place of Birth, (Street and Number) *54 Dean. ave*
5. Full Name of Mother, *Brady Reel*
6. Mother's Maiden Name, *Brady. haas*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charley Reel*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Louisa Wiley

Address,

Remarks,

Cal in Doctor Gaily

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

16993



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 29 Aug 1882
4. Place of Birth, (Street and Number) 237 Henriette St
5. Full Name of Mother, Mary St. M. Genny
6. Mother's Maiden Name, Benset
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James M. Genny
9. Father's Occupation, Bar & Keeper
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Mary Stier
- Address, 151 E Pratt St
- Remarks, _____

advise at the birth of any child within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar a forecast, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

16994

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Saturday 29th July

4. Place of Birth, (Street and Number)

184 Hamburg st. Baltimore

5. Full Name of Mother,

Sophia Siefert

6. Mother's Maiden Name,

Sophia Weisman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Siefert

9. Father's Occupation,

Cigar Box Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

Ernst Münnich

Address,

1 Lombard St

Remarks,

5699v)

HEALTH DEPARTMENT
AUG 2 1982
BALTIMORE, MD.

32

Male

white

July 29th 1882

281 N. Howard

Catherine Hunt

Catherin Kelly

Baltimore

Thomas F. Hunt

Labov

Ball

Edmund R. Walker M.D.

183 Linden Ave

So - natural

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or receive at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56996

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 29th 1882

4. Place of Birth, (Street and Number)

139 N. Calvert St

5. Full Name of Mother,

Mary Hamill

6. Mother's Maiden Name,

" Lane

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Geo W Hamill

9. Father's Occupation,

Physician

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who make this Return.

D. W. Cather M.D.

Address,

2 N Broadway.

Remarks,

Also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

56997

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Smith (9th)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 29th 1882

4. Place of Birth, (Street and Number)

208 E. Chase St.
Elizabeth Arnold
Smith

5. Full Name of Mother,

6. Mother's Maiden Name,

Baltimore Md
Charles Arnold
Carpenter

7. Mother's Birthplace,

8. Full Name of Father,

Baltimore Co
Regina T. Winter
186 Harford Ave

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

That any physician, accoucheur, nurse, or other person attending, and who may be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 16998

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *15th*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *July 29, 1892*
 4. Place of Birth, (Street and Number) *257 Calver St*
 5. Full Name of Mother, *Harriet Washington*
 6. Mother's Maiden Name, *Harriet P. Smith*
 7. Mother's Birthplace, *Wm. Jones Co. Va.*
 8. Full Name of Father, *George Washington*
 9. Father's Occupation, *laborer*
 10. Father's Birthplace, *St. Mary's Co. Md.*
 Name of Medical Attendant, or other Person who makes this Return, *Dr. J. H. Morgan*
 Address, *47 N. Duane St*
 Remarks, *Baltimore*

Must any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 56999

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 29 1882

4. Place of Birth, (Street and Number) 37 Sharp St. City

5. Full Name of Mother, Annie Smith

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Joseph Smith

9. Father's Occupation, Waiter

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 29th 1882

4. Place of Birth, (Street and Number)

420 Canton Ave

5. Full Name of Mother,

Ricke Senky

6. Mother's Maiden Name,

" Doll

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fritz Senky

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 N. Bank St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57001

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



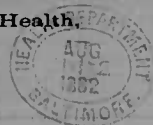
- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29 of June*
4. Place of Birth, (Street and Number) *42 S Bond St*
5. Full Name of Mother, *Millie Linkuliter*
6. Mother's Maiden Name, *Amelia Koester*
7. Mother's Birthplace, *Borne in Baltimore*
8. Full Name of Father, *gone Linkuliter*
9. Father's Occupation, *Shoe Maker*
10. Father's Birthplace, *Borne in Baltimore*
- Name of Medical Attendant, *Mary Walker*
or other Person who makes this Return
- Address, *125 N. Carroll St*
- Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57002

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 29th

4. Place of Birth, (Street and Number)

9 Gough street

5. Full Name of Mother.

Mary Sammers

6. Mother's Maiden Name.

Sang

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

John Henry Sammers

9. Father's Occupation,

Machineist

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombert street

Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57003

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 29 1892*

4. Place of Birth, (Street and Number) *E. Fayette St. No. 289*

5. Full Name of Mother, *Mary L. Coyne*

6. Mother's Maiden Name, *Mary L. Surne*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael Coyne*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Windsor County, N.Y. Irish Europe*

Name of Medical Attendant, or other Person who makes this Return, *Chas. E. Miller*

Address, *N. Dallas St. No. 26*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57004

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 7th child*
1. Sex, (state whether male or female) *Female child*
2. Race or Color, (if not of the white race) *White Color child*
3. Date of Birth, *29 of July*
4. Place of Birth, (Street and Number) *16, 701, Plummary*
5. Full Name of Mother, *Elizabeth Remels*
6. Mother's Maiden Name, *Elizabeth Johnson*
7. Mother's Birthplace, *Dorchester County*
8. Full Name of Father, *Frank Remels*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Dorchester County*
- Name of Medical Attendant, or other Person who makes the Return *Wiley Cross*
- Address, *12 Plummary*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 29 of July 1882
4. Place of Birth (Street and Number) Windsor St. Court
5. Full Name of Mother Mary Shlan
6. Mother's Maiden Name M. Gansman
7. Mother's Birthplace Azal Berhan
8. Full Name of Father J. Shlan
9. Father's Occupation Workman
10. Father's Birthplace Azal Berhan Bidar
- Name of Medical Attendant, or other Person who makes this Return M. Luchan
- Address 10 West St.
- Remarks / /

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57006

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex (state whether male or female)

Girl

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

29 July

4. Place of Birth (Street and Number)

45 Leadenhall St.

5. Full Name of Mother

Harriett Skinner

6. Mother's Maiden Name

Harriett Smith

7. Mother's Birthplace

North Carolina

8. Full Name of Father

John Skinner

9. Father's Occupation

Shoe Maker

10. Father's Birthplace

North Carolina

Name of Medical Attendant, or other Person who makes this Return.

Mary Birney

Address

51 Leadenhall St.

Remarks

Mother and Child doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5/1007

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st Child
 Sex, Male
 Race or Color, White
 Date of Birth, May 21, 1892
 Place of Birth, 314 E. Lexington St.
 Full Name of Mother, Elizabeth Keyser
 Mother's Maiden Name, Martin
 Mother's Birthplace, Baltimore
 Full Name of Father, Henry Keyser
 Father's Occupation, Salesman
 Father's Birthplace, Baltimore
 Name of Medical Attendant, H. J. K. Pearson
 Address, 387 W. Lombard St.
 Remarks,

1. If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57005

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

July 29/92

3. Date of Birth,

4. Place of Birth, (Street and Number)

1164 Arcadia St

5. Full Name of Mother,

Mattie Bryan

6. Mother's Maiden Name,

Schutte

7. Mother's Birthplace,

Hagerstown Md

8. Full Name of Father,

Chas. H. Bryan

9. Father's Occupation,

Tobaccoer

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return

H. E. Spink

Address,

387 N. Lombard

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 July 1882
4. Place of Birth, (Street and Number) Balto Mat St No 13
5. Full Name of Mother, Josephine Boll
6. Mother's Maiden Name, Josephine Gollaschek
7. Mother's Birthplace, Batavia
8. Full Name of Father, Jos. Boll
9. Father's Occupation, Tailor
10. Father's Birthplace, Batavia
- Name of Medical Attendant, Mary Dapinski
or other Person who makes this Return
- Address, 69 W. Washington St Balto Md
- Remarks, Mary Dapinski

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17010

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



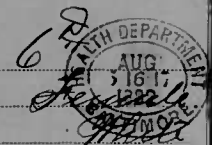
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *wht.*
3. Date of Birth, *July 30 1882*
4. Place of Birth, (Street and Number) *S. E. Corner Howard & Richmond*
5. Full Name of Mother, *Amie Bowen*
6. Mother's Maiden Name, *" Muck*
7. Mother's Birthplace, *md*
8. Full Name of Father, *Geo Bowen*
9. Father's Occupation, *Car driver*
10. Father's Birthplace, *md*
- Name of Medical Attendant, or other Person who makes this return *G. L. S. Danvers*
- Address, *129 N. B. St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57011

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *July 30 1887*
4. Place of Birth, (Street and Number) *140 Williams St*
5. Full Name of Mother, *Ausie Stickfus*
6. Mother's Maiden Name, *Ausie Merrett*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Stickfus*
9. Father's Occupation, *Fish Dealer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *J. B. Noble M.D.*
- Address, _____
- Remarks, _____

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57012

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 20th 1882

4. Place of Birth, (Street and Number)

No 4. Barnes St

5. Full Name of Mother,

Josephina Bartusik

6. Mother's Maiden Name,

Confal

7. Mother's Birthplace,

Wajticzer Bohemia

8. Full Name of Father,

Joseph Bartusik

9. Father's Occupation,

labor

10. Father's Birthplace,

Rosice Bohemia

Name of Medical Attendant, or other Person who makes this Return

Josephina Kondrad

Address

No 30, Barnes St

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *57013*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 30th 1882*
4. Place of Birth, (Street and Number) *127 N. Bond St.*
5. Full Name of Mother, *Mary C. Ruppert*
6. Mother's Maiden Name, *Glaser*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Martin Ruppert*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *J. W. Seldner M.D.*
- Address, *106 E. Gay St. & Caroline St.*
- Remarks,

RETURN OF A BIRTH

57014

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 30, 1892

4. Place of Birth, (Street and Number)

Bel Air Avenue opposite Miami

5. Full Name of Mother,

Emma Ringo

6. Mother's Maiden Name,

Emilia Wagner

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Charles Franklin Ringo

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant,

J. Fessell Martindale - Md

Address,

Bel Air Avenue, near Washington St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth July 20 1882
4. Place of Birth (Street and Number) 37 Thomas St
5. Full Name of Mother Mary Myersonick
6. Mother's Maiden Name Mary Joyce
7. Mother's Birthplace Baltimore
8. Full Name of Father John Thomas Myrick
9. Father's Occupation Mariner
10. Father's Birthplace Prussia
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louise Smith
- Address Home of the child
- Remarks Robert Frederick Myrick

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57016

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. July 31st 1882



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 30th 1882

4. Place of Birth, (Street and Number) 152 Lombard Street

5. Full Name of Mother, Katie Wolf

6. Mother's Maiden Name, Katie Lussel

7. Mother's Birthplace, America

8. Full Name of Father, Philipp Wolf

9. Father's Occupation, Painter

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amund

Address, 131 South Wolfe Street

Remarks, cf

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or rise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 26 1891*

4. Place of Birth, (Street and Number) *553 N. Pratt St.*

5. Full Name of Mother, *E. M. Smith*

6. Mother's Maiden Name, *E. C. Wilson*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *James C. Smith*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Smith*

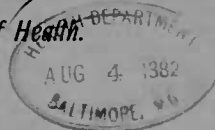
Address *1234 N. Pratt St.*

Remarks *Healthy*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 30th 1882
4. Place of Birth (Street and Number) 17 Hillen St.
5. Full Name of Mother Mary L. Hammond
6. Mother's Maiden Name Gibson
7. Mother's Birthplace Canada
8. Full Name of Father Jaynes W. Hammond
9. Father's Occupation Laborer
10. Father's Birthplace New York
- Name of Medical Attendant, or other person who makes the Return. E. B. Fenty
- Address Cor. Eden + Biddle Sts.
- Remarks

to be filled out by the person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar of said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57019

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 30 1882

4. Place of Birth, (Street and Number)

101 Franklin St.

5. Full Name of Mother,

Julia A. Delaney

6. Mother's Maiden Name,

" Golden

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Wm. T. Delaney

9. Father's Occupation,

grocer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewer M.D.

Address,

68 N. Charles St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1902

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 30, 1882

4. Place of Birth, (Street and Number)

W. Schappels No 73

5. Full Name of Mother,

Kunigunde Welsch

6. Mother's Maiden Name,

Lindler

7. Mother's Birthplace,

Bavaria

8. Full Name of Father,

Walter Welsch

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Wm. L. Krausbach

Address,

2nd W. 1st No 14

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57021

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

July 30, 1882
N. Schappel St No 104
Therese Gafmann
Germann
Bald
Joh Gafmann
Carpenter
Bald
Wm. L. Kneibach
N. Schappel St No 104

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17022

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd. child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30. th July*
4. Place of Birth, (Street and Number) *No 146 Camden st.*
5. Full Name of Mother, *Elizabeth Cherry*
6. Mother's Maiden Name, *Elizabeth Heffner*
7. Mother's Birthplace, *Baltimore County*
8. Full Name of Father, *James A Cherry*
9. Father's Occupation, *Trainer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Asst Muni*
- Address, *1 Saxtonville St*
- Remarks,



For Return of this Statistic to the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

KNOWN NAME ADDED 2-14-57
RETURN OF A BIRTH.

57023

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name: *Grace Switzer*

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 30th 1882*
4. Place of Birth (Street and Number) *180 Myrtle Ave*
5. Full Name of Mother *E. Switzer*
6. Mother's Maiden Name *Darall*
7. Mother's Birthplace *Howard Co Md*
8. Full Name of Father *J. N. Switzer*
9. Father's Occupation *Painter*
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. *Chas C Price M.D.*
- Address *267 Madison Ave*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57024

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *July 20 - 1882*
4. Place of Birth, (Street and Number) *41 Jones' Landing*
5. Full Name of Mother, *Martha Leach*
6. Mother's Maiden Name, *Martha Wilson*
7. Mother's Birthplace, *Dorchester - Eng. - Ind.*
8. Full Name of Father, *William Leach*
9. Father's Occupation, *Labored*
10. Father's Birthplace, *Church Creek - Ind.*
Name of Medical Attendant, or other Person who makes this Return, *J. W. Morgan*
Address, *#7 N. Durham St.*
Remarks, *Baltimore*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant,
Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

or other person who
makes this return.

323
Maggie Est. White
Baltimore
John Stikel
Baltimore
59 South Avenue
St

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
White
26
323 East
Mary Ann
P. Libel
Baluge
Baltimore
John Michael
Barber
Baltimore
Mary Ann
59 South
P

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

30

of July

4. Place of Birth, (Street and Number)

183

Mulberry St

5. Full Name of Mother.

Annie

Blackba

6. Mother's Maiden Name,

Annie Queen

7. Mother's Birthplace,

Born in

Baltimore

8. Full Name of Father.

Adolphus

Blackba

9. Father's Occupation,

Sea

fermen

10. Father's Birthplace,

Born in

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Marry Walter

Address,

125

St

Carline St

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 30th

4. Place of Birth, (Street and Number)

St Og street No. 10

5. Full Name of Mother,

Marian Martin

6. Mother's Maiden Name,

Tye

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Martin

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57028

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 2 & 3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 30 1882*

4. Place of Birth, (Street and Number) *Visitant Alley &c*

5. Full Name of Mother, *Hannah Banks*

6. Mother's Maiden Name, *Hannah Gray*

7. Mother's Birthplace, *Hanover County*

8. Full Name of Father, *Henry Banks*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Tatbois County*

Name of Medical Attendant, *or other Person who make this Return. *Courtesy Anderson**

Address, *1212 W. 1st St.*

Remarks, *Twelve Lines*

RETURN OF A BIRTH

57029

or
child,
ren
ace

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57029

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 12 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

30 July

4. Place of Birth, (Street and Number)

Wolfe Street No 61.

5. Full Name of Mother,

Kathe Heiler

6. Mother's Maiden Name,

" " Dietzel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Heiler

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Maurer

Address,

Remarks,

Lombard Street No 278

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

57830

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

64

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

July 21st 1882

4. Place of Birth, (Street and Number)

49 Hillman St

5. Full Name of Mother

Anna Brown

6. Mother's Maiden Name

Grady

7. Mother's Birthplace

Portsmouth, New Hampshire

8. Full Name of Father

William J. Brown

9. Father's Occupation

Merchant

10. Father's Birthplace

Portsmouth

Name of Medical Attendant, or other Person who makes this Return.

Edward J. Devitt

Address

54 Airguth St

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57031

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 31 1882*
4. Place of Birth, (Street and Number) *119 Lombard St*
5. Full Name of Mother, *Annie Goodman*
6. Mother's Maiden Name, *Annie Bassett*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Levi Goodman*
9. Father's Occupation, *Portman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Miss C. Tracy*
- Address, *193 - 1st St*
- Remarks, *Healthy*

Also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57032

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth, ..

July 31st 1882.

4. Place of Birth, (Street and Number)

632 H Fayette St.

5. Full Name of Mother,

Isabella Applegarth.

6. Mother's Maiden Name,

Isabella Stanley.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Robert Applegarth.

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Isaac L. Pennington, M.D.

Address,

134 N Carrollton Ave

Remarks,

to be at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

July 31, 1882
Fremont St. No 123
Anna Schreiber
Hirschmann
Balt.
Georg Schreiber
Tolar
Balt.
Wm. Sch. Hirschmann
S. Waller No 14

RETURN OF A BIRTH

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth July 31st

4. Place of Birth, (Street and Number) No 130 Eastern Ave.

5. Full Name of Mother, Lora Grassmick

6. Mother's Maiden Name, Laubus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John William Grassmick

9. Father's Occupation, Weaver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, N E W Grady St.

Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 31

4. Place of Birth, (Street and Number) 1240 Lexington St

5. Full Name of Mother, M. H. Baylen

6. Mother's Maiden Name, H. C. St

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Baylen

9. Father's Occupation, Coach

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. J. H. Clark

Address, 127 E. Monument St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth 31 July
4. Place of Birth (Street and Number) Fort St in front of Jackson
5. Full Name of Mother Christina Bolander
6. Mother's Maiden Name Buck
7. Mother's Birthplace Biron Germany
8. Full Name of Father William Bolander
9. Father's Occupation Porter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth. Jewell
- Address 68 Fort St
- Remarks Name of child: John William Bolander

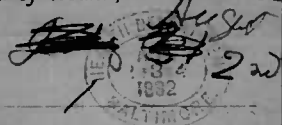
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

57037

1882



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

black

3. Date of Birth July 31st 1882

4. Place of Birth (Street and Number)

10 28 Perry street Balt city

5. Full Name of Mother

Ellen Jane Grant

6. Mother's Maiden Name

Ellen Jane Grant

7. Mother's Birthplace

Baltimore city md

8. Full Name of Father

Daniel Grant

9. Father's Occupation

laborer

10. Father's Birthplace

Balt city md

Name of Medical Attendant, or other Person who makes this Return

Mary J. Dennis

Address

21 Beach Hwy

Remarks

mid wife

ad. at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57038

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, etc.) *3th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

July 31/82

3. Date of Birth,

4. Place of Birth, (Street and Number)

116 Bruce St

5. Full Name of Mother,

Mary Hughes

6. Mother's Maiden Name,

" Nolan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Hughes

9. Father's Occupation,

Police-man

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

D. L. Specian

Address,

387 W. Lombard St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



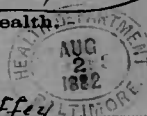
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Mix
3. Date of Birth July 31. 1882
4. Place of Birth (Street and Number) 61 Fomesh Place
5. Full Name of Mother Blanche Sindaw
Schmid
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father J. W. Sindaw
9. Father's Occupation Merchant
10. Father's Birthplace —
- Name of Medical Attendant, or other Person who makes this Return. J. H. Soufflet M.D.
- Address 45 Mulberry St.
- Remarks Instrumental.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57040

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 20 Ignatius Coffey
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st of July
4. Place of Birth, (Street and Number) W. B. Corner of Asquith and Chas
5. Full Name of Mother, Mrs. Lizzie Coffey
6. Mother's Maiden Name, Lizzie Broghan
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Coffey
9. Father's Occupation, Livery Stable Keeper
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Sarah Wooden
- Address, 120 Greenmount Ave.
- Remarks,

DILLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57041

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57041

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *31st July 1882*

4. Place of Birth, (Street and Number) *109 North Chappel Street*

5. Full Name of Mother, *Kate Micherger*

6. Mother's Maiden Name, *Kate Grose*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank Grose*

9. Father's Occupation, *Boxman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Descentia Kunkel*

Address, *71 North Chappel Street per Justina Kunkel*

Remarks, *Healthy*

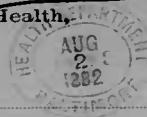
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, July 31st 1882
 4. Place of Birth, (Street and Number) 208 Hanover St.
 5. Full Name of Mother, Anna Weiskecker
 6. Mother's Maiden Name, Meyer
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Weiskecker
 9. Father's Occupation, Finer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Mary Kerk
 Address, 328 South Eutaw St.
 Remarks, Baltimore

Wm. A. C. DULANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57043

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57043

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2, 2nd Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 31, 1882

4. Place of Birth, (Street and Number)

108 Henrietta St.
Cathern Style
Heinlein

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

America
Frank Style
Laborer

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

America
J. Lohmeyer midwife
330 Hanover St.

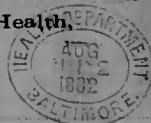
Address,

Remarks,

that any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) . 3

1. Sex. (state whether male or female)

Male

2. Race or Color. (if not of the white race)

3. Date of Birth,

8/14 July

4. Place of Birth. (Street and Number)

90 S. Caroline street

5. Full Name of Mother.

Catherine Waber

6. Mother's Maiden Name.

Candler

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father.

Philip Waber

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Sunnyside street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



advice at the birth of any child, within the City of Baltimore, and report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

C. H.

Male

White

July 31st

92 Pine St.

Maryant Wieman

Margaret Perryman

Baltimore

Leopold Wieman

Merchant

Germany

H. J. J. J.

112 Cathedral St.

Missing #57046

HEALTH DEPARTMENT
NOV 4 1962
BALTIMORE, MD

57047

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- July 8, 1852
18 4th Ward
Mary L. McCord
" " Ellumeyers
" " Balto City
" " Marshall McCord
" " Telegraph Of.
" " New Jersey

32.7 N Broadway

Address,

Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT
NOV 4 1882
BALTIMORE, MD.

RETURN OF A BIRTH

57048

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 12, 1882

4. Place of Birth, (Street and Number)

Monument St near Broad

5. Full Name of Mother,

Isabelle Peters

6. Mother's Maiden Name,

" Humphreys

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Peters

9. Father's Occupation,

Collector

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant,

or other Person who makes this Return

W. White M.D.

Address,

367 Broadway

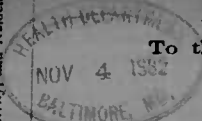
Remarks,

PALMIST & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57049

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH 57049

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

July 20, 1882

605 N. Baltimore St.

Margaret Carter

" Taylor

Hampshire England

Robert Carter

Book Keeper

Kent Co. England

W. H. White, M.D.

247 N. Broadway

Missing #57050

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57051

To the Office of Registrar of Vital Statistics, Board of Health,

11.1

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Monday August 24 1892

4. Place of Birth, (Street and Number)

19 Hillisland St.

5. Full Name of Mother,

Lucy Oliver Murphy

6. Mother's Maiden Name,

Lucy Oliver

7. Mother's Birthplace,

Howard Co. Md.

8. Full Name of Father,

John B. Murphy

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who make this Return

William Brintow M.D.

Address,

25 1/2 Foxenmont Ave.

Remarks,

acc. OK

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Birth, *Monday August 1st 1887*

Birth, (Street and Number) *36 Tucker Place*

of Mother, *Blanch Lindall*

Maiden Name, *Blanch Smith*

Birthplace, *Baltimore*

Name of Father, *James W. Lindall*

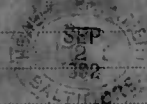
9. Father's Occupation, *Stair Stealer*

10. Father's Birthplace, *Balt. Co. Md*

Name of Medical Attendant, or other Person who makes this Return *Wilmer Brewster M.D.*

Address, *25 1/2 Greenmount Ave.*

Remarks, *see on*



HALLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57153,

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth Aug 1 1882
4. Place of Birth, (Street and Number) Baltimore City Baltimore
5. Full Name of Mother Sarah Beeson
6. Mother's Maiden Name Sarah Green
7. Mother's Birthplace Baltimore City
8. Full Name of Father James Green
9. Father's Occupation laborer
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. James Thompson
- Address 464 y Union Street
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or aid at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57054

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

7

2. Race or Color, (if not of the white race)

negro

3. Date of Birth,

Aug 1 1882

4. Place of Birth, (Street and Number)

40 Richmond Street
Cockline

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

John Cockline

8. Full Name of Father,

Walter

9. Father's Occupation,

10. Father's Birthplace,

C. Blum

Name of Medical Attendant, or other Person who makes this Return

Address,

29 Castle Street

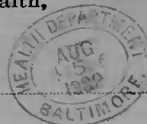
Remarks, Instrumental

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
 else at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
 born, its or their physical condition. Whether still born or not, the full name, nativity, and residence
 of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 57055

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 12 1892*
4. Place of Birth, (Street and Number) *534 Legal St*
5. Full Name of Mother, *Willie L. Magnalls*
6. Mother's Maiden Name, *Willie L. Pittman*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Geo. H. Macmill*
9. Father's Occupation, *Truckster*
10. Father's Birthplace, *Baltimore Ma*
- Name of Medical Attendant, *Theodore Cook MD*
or other Person who makes this return
- Address, *146 Hanover St*
- Remarks,

WE J. C. BILKLEY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 57056

See any physician, accoucheur, midwife, or other person in charge, who shall submit, sealed or otherwise, to the Registrar of Vital Statistics, within the City of Baltimore, shall report to the Registrar, no later than six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57016

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth.

1st August 1892

4. Place of Birth, (Street and Number)

225 Ann St

5. Full Name of Mother.

Kate Conrns

6. Mother's Maiden Name.

K Brain

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

John Conrns

9. Father's Occupation.

Teacher

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Doctor Leardia Wiley

Address.

Remarks, Cal in Doctor's office.

DULANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

57057

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

57057



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Aug. 1st*
4. Place of Birth (Street and Number) *74 Henrietta St.*
5. Full Name of Mother *Ellen Kirby*
6. Mother's Maiden Name *Ellen Kirby*
7. Mother's Birthplace *Lanham Co. A.C.*
8. Full Name of Father *Henry Nash*
9. Father's Occupation *laborer*
10. Father's Birthplace *not known*
Name of Medical Attendant, or other Person who makes this Return. *R. M. Hall M.D.*
Address *262 Sharp St.*
Remarks

RETURN OF A BIRTH.

57058

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth 1st of August
 4. Place of Birth (Street and Number) Baltimore 124 Chesapeake Street
 5. Full Name of Mother Louisa Doll
 6. Mother's Maiden Name Lippert
 7. Mother's Birthplace Philadelphia
 8. Full Name of Father Joseph Doll
 9. Father's Occupation Laborer
 10. Father's Birthplace Virginia New Brunswick
 Name of Medical Attendant, or other Person who makes this return Mrs. Johanna Dolin
 Address 13 Chesapeake Street
 Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57059

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white race

3. Date of Birth, 1 August 1882

4. Place of Birth, (Street and Number) 86 S. Broadway

5. Full Name of Mother, Carrie C. B. Schlein

6. Mother's Maiden Name, Carrie C. B. Hathaway

7. Mother's Birthplace, New York City

8. Full Name of Father, August Schlein

9. Father's Occupation, Sign Painter

10. Father's Birthplace, Prussia Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa M. M. M.

Address, 12 S. Holliday street

Remarks, Baltimore City

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57060

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st August
4. Place of Birth, (Street and Number) 141 of Chesapeake St.
5. Full Name of Mother, Florence Bauer.
6. Mother's Maiden Name, Cumberland
7. Mother's Birthplace, —
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, — after
- Name of Medical Attendant, or other Person who makes this Return, died 6 Hours it was born
- Address, E. Behnken and
- Remarks, Dr. Brickston at Canton

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

57061

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug - 1st 1882
4. Place of Birth, (Street and Number) No 15 - Greenmount St
5. Full Name of Mother Mary Bahlman
6. Mother's Maiden Name Mary Bhlmann
7. Mother's Birthplace Germany
8. Full Name of Father Anton Bahlman
9. Father's Occupation Cigar Manufactory
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Elena M. Ullrich
- Address 182 E. Monument St
- Remarks 4

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

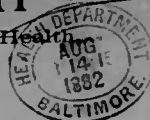


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *August 1st, 1882*
4. Place of Birth, (Street and Number) *# 241 Hamburg St*
5. Full Name of Mother, *Rachel Kotmeyer*
6. Mother's Maiden Name, *Kraemer*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Louis Kotmeyer*
9. Father's Occupation, *Cork Shaver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Ann*
- Address, *325 South Exchange*
- Remarks, *Balto*

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or ~~Color~~ (if not of the white race)

3. Date of Birth,

1st August

4. Place of Birth, (Street and Number)

Darley Park

5. Full Name of Mother,

Matie Kussing

6. Mother's Maiden Name,

Drumhat

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Kussing

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

Sarah Casper

Address,

72 E. Humbert street

Remarks,

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 1, 1882

4. Place of Birth, (Street and Number)

11. Parkman St., No. 6

5. Full Name of Mother,

Mary Anne Heathman

6. Mother's Maiden Name,

Allen

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Philip Heathman

9. Father's Occupation,

Taxi

10. Father's Birthplace,

Balt.

Name of Medical Attendant,

or other Person who makes this Return

Myself, Dr. J. C. Bach

Address,

11. Parkman St., No. 14

Remarks,

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 1st 1892*

4. Place of Birth, (Street and Number) *20 W. Calver St*

5. Full Name of Mother, *Mary Killeann*

6. Mother's Maiden Name, *Mrs. Deane*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *James Killeann*

9. Father's Occupation, *Watchmaker*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 17066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



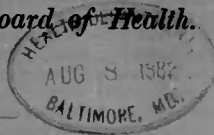
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 2nd 1882*
4. Place of Birth, (Street and Number) *No 808 W. Baltimore St.*
5. Full Name of Mother, *Gertrude Addisno*
6. Mother's Maiden Name, *" Linthicum*
7. Mother's Birthplace, *MHoward Co. Maryland*
8. Full Name of Father, *George C. Addisno*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return. *Pembroke M. Wemble M.D.*
- Address, *No 205 W. Lombard St.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



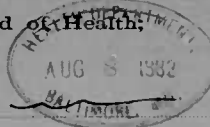
Name: William F. Spies
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 2, 1882
4. Place of Birth, (Street and Number) 292 North Ave St
5. Full Name of Mother Ara (Ann) H. Spies
6. Mother's Maiden Name (Anna) H. Thompson
7. Mother's Birthplace Wicomico County, Talbot Town, Maryland
8. Full Name of Father Robert (Robert) W. Spies
9. Father's Occupation Spooler
10. Father's Birthplace Baltimore Md
Name of Medical Attendant, or other Person who makes this return. Amos A. Harine
Address 378 East Wicomico St
Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sen

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) (colored)
 3. Date of Birth, (Second of August)
 4. Place of Birth, (Street and Number) 103 Welcome ally
 5. Full Name of Mother, Sarah E. Davis
 6. Mother's Maiden Name, Sarah Elizabeth Hall
 7. Mother's Birthplace, Calvert County Md
 8. Full Name of Father, John Henry Davis
 9. Father's Occupation, Drayman
 10. Father's Birthplace, West River
- Name of Medical Attendant, or other Person who makes this Return, Melly Gross
- Address, No 12 Plum ally.
- Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

57069

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Ma'e or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 2^d 1882*
4. Place of Birth (Street and Number) *324 Mount St*
5. Full Name of Mother *Dora Lochenauer*
6. Mother's Maiden Name *" Myers*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Henry Lochenauer*
9. Father's Occupation *Porter*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *C. J. Jewett, M.D.*
Address *92 Mosher St*
Remarks

Survivors at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1907

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fift*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *August 2nd 1882*
4. Place of Birth, (Street and Number) *No 136 Camden St.*
5. Full Name of Mother, *Louise Waller*
6. Mother's Maiden Name, *Louise Coelk*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Philip Waller*
9. Father's Occupation, *Police Officer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Knight and Mrs. Schleifer*
- Address, *136 Camden St.*
- Remarks, *all well and good.*

RETURN OF A BIRTH.

5/10/11

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *August 2d 1882*
4. Place of Birth (Street and Number) *No 1 Wagon alley*
5. Full Name of Mother *Elzie Parker*
6. Mother's Maiden Name *Elzie Parks*
7. Mother's Birthplace *Baltimore Co Md*
8. Full Name of Father *Edward Parker*
9. Father's Occupation *Saddler*
10. Father's Birthplace *Centerville Eastern Shore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Chol. A. Mann*
- Address *238 West Balow St*
- Remarks *Born sick but yet alive*

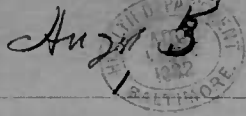
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

54072



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

August 2nd 1882

4. Place of Birth (Street and Number)

No 6 peach Alley

5. Full Name of Mother

Ellen Kitchen

6. Mother's Maiden Name

Cropper

7. Mother's Birthplace

Balt city

8. Full Name of Father

Emerson Kitchen

9. Father's Occupation

Brick yard

10. Father's Birthplace

Worcester Co Md

Name of Medical Attendant, or other Person who makes this Return.

mid wife Mary S Dennis

Address

21 peach Alley

Remarks

RETURN OF A BIRTH

57072

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 2nd 1892

4. Place of Birth, (Street and Number)

6824 W. av

5. Full Name of Mother,

Catherine E. Cullen

6. Mother's Maiden Name,

Catherine E. Sanke

7. Mother's Birthplace,

Washington Md

8. Full Name of Father,

John A Cullen

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other Person who makes this Return

Theodore Crook, M.D.

Address.

1405 Hanover St

Remarks.

Given at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5/10/74

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sept 2nd 1882*
 4. Place of Birth, (Street and Number) *341 Conway St*
 5. Full Name of Mother, *Mary E. ~~Price~~ Price*
 6. Mother's Maiden Name, *Mary E. Brier*
 7. Mother's Birthplace, *Peckham Mo*
 8. Full Name of Father, *Henry C. Price*
 9. Father's Occupation, *Car Inspector*
 10. Father's Birthplace, *Baltimore Mo*
 Name of Medical Attendant, or other Person who makes this Return *Heeding Cook M.D.*
 Address, *146 Hanover St*
 Remarks.

Use at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- 17070*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 2nd 1892*
4. Place of Birth, (Street and Number) *220 Balm Avenue*
5. Full Name of Mother, *Elizabeth Burn*
6. Mother's Maiden Name, *Elizabeth*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John H Burn*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Theodore Cook M.D.*
- Address *146 N. Anne St*
- Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57076

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *Aug. 2nd 1882*
- Place of Birth, (Street and Number) *49 E. Bond St.*
- Full Name of Mother, *Clara Gertrude McCon*
- Mother's Maiden Name, *Sherry*
- Mother's Birthplace, *City*
- Full Name of Father, *William Francis McCon*
- Father's Occupation, *P.C. Clerk*
- Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return. *E. P. Johns M.D.*
- Address. *375 E. Balto. St.*
- Remarks,

1. First day of gestation, second day of menses, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17077

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 2^d 1882*
4. Place of Birth, (Street and Number) *No 23, Anthony St.*
5. Full Name of Mother, *Marie Resner*
6. Mother's Maiden Name, *Holebrand*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael Resner*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *New York*
- Name of Medical Attendant, or other Person who makes this Return *Josephina Conrad*
- Address *No 20 Barnes St.*
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17078

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

24th of August

4. Place of Birth, (Street and Number)

8 Arbamaelle street

5. Full Name of Mother

Mary Sug

6. Mother's Maiden Name,

Railey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Sug

9. Father's Occupation,

Working Man

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.)
Male or female
Color of the white race
and Number

Male
White
No. 1000

BALTI
2d, 3d, &c.)

No. of Child of Mother, (state Sex, (state whether male or female) Race or Color, (if not of the white te of Birth, of Birth, (Street and Number) of Mother..... Maiden Name.....

1. Sex, (state whether male or female)
Race or Color, (if not of the white race)
Date of Birth,
Place of Birth, (Street and
Name of Mother
Maiden Name of Mother

2. Race or Color, (if not of the same race or color as Mother, state)

3. Date of Birth, _____
Place of Birth, _____

4. Place of Birth

5. Full Name of Mother, (Street, City, State, and Zip Code)

6. Mother's Maiden Name of Mother

7. Mother's Maiden Name

8. Mother's Birthplace

9. Full Name of Father

9. Father's Name of Father.

10. Father's Occupation, _____
Name of _____
Address _____

Occupation, _____
 Name of Birthplace, _____
 Address, _____
 Religion, _____

Name	Birthplace.	Date.
Address,		
Remarks		

Address, _____
Remarks, _____

(Handwritten signature)

.....
or other Person who makes this Return
.....

or other Person who makes this Return

Person who
has this Return

[Faint handwritten notes and bleed-through from the reverse side are visible.]

DATE _____

100

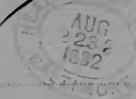
1000

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH 17079

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Give any physician, midwife, or other person in charge, who shall attend, notice of
advice at the birth of any child, within the City of Baltimore, that report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2. 8. Aug.

4. Place of Birth, (Street and Number)

No. 4 Johnson St.

5. Full Name of Mother.

Julia Holman

6. Mother's Maiden Name,

Julia Coffey

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

John Holman

9. Father's Occupation,

Sailor

10. Father's Birthplace.

Balt.

Name of Medical Attendant,

or other Person who
makes this Return

Sabrina C. Webster

Address,

No. 25 West

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *5/080*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 2nd 1882*

4. Place of Birth, (Street and Number) *195 Pennsylvania Ave.*

5. Full Name of Mother, *Mary Elizabeth Spatthar*

6. Mother's Maiden Name, *" " " Scherman*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Henry Adolph Nathan*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return *Mrs. Dummer*

Address, *28 60 Schaeffer St.*

Remarks,

to be filled out by the mother or any other person, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 570.81

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 2^d 1882

4. Place of Birth, (Street and Number) 43 S. Castle St

5. Full Name of Mother, Maria Brown

6. Mother's Maiden Name, " Weitzel

7. Mother's Birthplace, City

8. Full Name of Father, Marcus Brown

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, Mrs. Elizabeth Ratz

or other Person who makes this Return

Address, 120 Bank St

Remarks,

LARY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

570.82

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

August 3rd

4. Place of Birth (Street and Number)

49 Sugar Street

5. Full Name of Mother

Mary Smith

6. Mother's Maiden Name

W. C. Cook

7. Mother's Birthplace

St. Mary's Co. Md.

8. Full Name of Father

William Smith

9. Father's Occupation

Teacher

10. Father's Birthplace

St. Mary's Co. Md.

Name of Medical Attendant, or other Person who makes this Return

Charles Johnson

Address

99 Sugar Street

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57083

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2nd
Female
White

Aug 3d.
No 67 Mt. Vernon Place
Margaret Fitzpatrick
S. Person
Ireland
Hugh Fitzpatrick
Sign Carrier
Mary Land

Wm. Whitridge

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57084

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Born August the 3rd 1892

1. Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) Coloured child

3. Date of Birth, 3 August the 3rd

4. Place of Birth, (Street and Number) 33 Walnut Alley

5. Full Name of Mother, Harry And Basil Dorsey

6. Mother's Maiden Name, Mary Hawkins

7. Mother's Birthplace, City of Baltimore

8. Full Name of Father, Basil Dorsey

9. Father's Occupation, Labour

10. Father's Birthplace, Born In Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A. Mason

Address, Walnut Alley 33

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

3rd of August

4. Place of Birth (Street and Number)

9 1/2 Tyson Street

5. Full Name of Mother

Louise Mary Wilson

6. Mother's Maiden Name

Johnson

7. Mother's Birthplace

Harrisonburg, Virginia

8. Full Name of Father

Charles Lewis Wilson

9. Father's Occupation

Painter

10. Father's Birthplace

Coastal, Shore, Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Abner Johnson

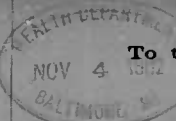
Address

9 1/2 Tyson Street

Remarks

RETURN OF A BIRTH 57086

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH 57086

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Aug 3, 1882

246 E. Chase St
Luah Lusby

" Butthead

Baltimore City
Thos L. Lusby
Farmer

Mid.

W. M. White, M.D.

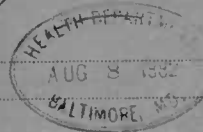
347 Broadway

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57087

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

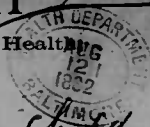


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 3rd 1892
 4. Place of Birth, (Street and Number) 2301 E. Lombard Street
 5. Full Name of Mother, Victoria Rein
 6. Mother's Maiden Name, Victoria Rein
 7. Mother's Birthplace, Mexico
 8. Full Name of Father, Hyman Leonard Rein
 9. Father's Occupation, Driver
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other Person who makes this Return L. J. Byrd, M.D.
 Address, 178 E. Avenue
 Remarks, Natural labor, 1st born, 1st child, mother & child both doing well.

to be filled out by the mother, or other person in charge, who shall attend, assist or
 within six days thereafter, stating distinctly the date of birth, sex and color of the child or children
 born, its or their physical condition, whether still born or not, the full name, nativity, and residence
 of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
 BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

August 3d

4. Place of Birth, (Street and Number)

no 32 elbow lane

5. Full Name of Mother,

Mary Hall

6. Mother's Maiden Name,

Mary Hall

7. Mother's Birthplace,

Lancaster, Penna

8. Full Name of Father,

William Thomas

9. Father's Occupation,

day mari

10. Father's Birthplace,

Lancaster county, Penna

Name of Medical Attendant, or other Person who makes this Return

Mrs Lydia Porter

Address,

no 4 patisco avenue

Remarks,

healthy child

RETURN OF A BIRTH

17089

1. If any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17089

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 3rd 1882

4. Place of Birth, (Street and Number) Goodman Alley

5. Full Name of Mother Pinney Parks

6. Mother's Maiden Name Pinney West

7. Mother's Birthplace Baltimore

8. Full Name of Father William Parks

9. Father's Occupation Brick Molder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return. Katharine Thernberg

Address Bond St 18

Remarks _____

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3 August

4. Place of Birth, (Street and Number) 62 Holland st

5. Full Name of Mother, Elvira Pickman

6. Mother's Maiden Name, Britton

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Edward Pickman

9. Father's Occupation, Fish Dealer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs Rose Allen

Address,

45 Locust st

Remarks,

Balt Md



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5/10/91

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

- 1. Sex, (state whether male or female) *Bo*
- 2. Race or Color, (if not of the white race) *No Latin*
- 3. Date of Birth, *August 3d 1882*
- 4. Place of Birth, (Street and Number) *81 Broadway Ave*
- 5. Full Name of Mother, _____
- 6. Mother's Maiden Name, *Carah Stein*
- 7. Mother's Birthplace, *Accomac County, Va*
- 8. Full Name of Father, *Not Known*
- 9. Father's Occupation, _____
- 10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return *Deborah Thomas*
- Address, *71 Broadway Ave*
- Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57092

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Black

3. Date of Birth

3rd August 1882

4. Place of Birth (Street and Number)

15 Mechanics Court

5. Full Name of Mother

Rachel Ann Corsey

6. Mother's Maiden Name

Murray

7. Mother's Birthplace

Va.

8. Full Name of Father

Henry Corsey

9. Father's Occupation

Coal Miner

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

H. G. Wilcox M. D.

Address

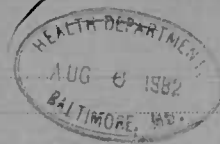
51 Wicquith St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

N^o 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

3rd of August

4. Place of Birth, (Street and Number)

No 5 Point Lane

5. Full Name of Mother.

Emma C. Maguire

6. Mother's Maiden Name.

Emma C. Lightler

7. Mother's Birthplace.

Baltimore city

8. Full Name of Father.

James S. Maguire

9. Father's Occupation.

Brick layer

10. Father's Birthplace.

Baltimore city

Name of Medical Attendant,

or other Person who makes this Return

N^o 25 June E. Bayless

Address.

N^o 356 Chaymond St

Remarks.

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57094

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

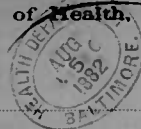


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 3, 1882*
4. Place of Birth, (Street and Number) *252 Dolphin St*
5. Full Name of Mother, *Katie O'Donovan*
6. Mother's Maiden Name, *" Fink*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John H. O'Donovan Jr*
9. Father's Occupation, *Schman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Dr. Williams*
or other Person who makes this return
- Address, *201 Madison Ave*
- Remarks,

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57098

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 3, 1882*
4. Place of Birth, (Street and Number) *North Street No. 16*
5. Full Name of Mother, *Emma L. Luthmann*
6. Mother's Maiden Name, *Emma L. Ludwig*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Luthmann*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Harry E. Milder*
or other Person who makes this Return

Address, *Baltimore St. N.E. 16*

Remarks, _____

Time at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 3, 1892*
4. Place of Birth, (Street and Number) *Fairmount St. No. 82*
5. Full Name of Mother, *Lupa H. Schmeff*
6. Mother's Maiden Name, *Anna H. Kellman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Georg Schmeff*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Blackman Gr. Hesse, Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *1101 S. H. St. No. 26*

Remarks, _____

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57097

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether ~~male~~ or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 3, 1892*

4. Place of Birth, (Street and Number) *N. E. Cor. of President H. H. Easton St. or near*

5. Full Name of Mother, *Maria Strauss*

6. Mother's Maiden Name, *Maria Zull*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Christian Strauss*

9. Father's Occupation, *Harness maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mary E. Miller*
or other Person who makes this Return

Address, *N. E. Cor. H. H. Easton St.*

Remarks,

and use at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57098

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 30 1882

4. Place of Birth, (Street and Number)

19 Hill St

5. Full Name of Mother,

Adaline Rustus

6. Mother's Maiden Name,

Adaline Russell

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Edwin Rustus

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooke MD

Address.

146 Hanover St

Remarks.

RETURN OF A BIRTH 57099

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 3rd

4. Place of Birth, (Street and Number) No. 23 East at

5. Full Name of Mother, Fizzie Freck

6. Mother's Maiden Name, Metzger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Freck

9. Father's Occupation, Gate Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophie Sinner

Address, No. 71 Grand St

Remarks,

advise at the birth of any child, within the city of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.)

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57100

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 3rd*
4. Place of Birth, (Street and Number) *No. 43 Granby St*
5. Full Name of Mother, *Caroline Sittig*
6. Mother's Maiden Name, *Krenzer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *August Sittig*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *A Germany*
- Name of Medical Attendant, *or other Person who makes this Return* *Daphnia Shuman*
- Address, *No. 20 Granby St*
- Remarks,

DULANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

57101

or
aid,
ren
nco

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

57101

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

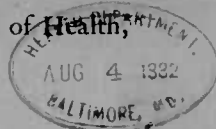


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth Aug 15 1882
 4. Place of Birth (Street and Number) 184 Maryland Ave
 5. Full Name of Mother Emma Caperton
 6. Mother's Maiden Name Radcliffe
 7. Mother's Birthplace Washington DC
 8. Full Name of Father Wm. H. Caperton
 9. Father's Occupation no business
 10. Father's Birthplace George Town DC
 Name of Medical Attendant, or other Person who makes this Return. Ref M. M. M. D.
 Address 87 Franklin St
 Remarks Delivered with forceps. City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Aug 3^d 1882
4. Place of Birth (Street and Number) 136 S. Central av.
5. Full Name of Mother Licia Steen
6. Mother's Maiden Name Beecher
7. Mother's Birthplace Pittsburgh Pa.
8. Full Name of Father James Steen
9. Father's Occupation Blacksmith
10. Father's Birthplace Pittsburgh Pa.
Name of Medical Attendant, or other Person who makes this return P. L. Dausch M. D.
Address 3 N. B' way.
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 5/1/02

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 52

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug - 31, 1882

4. Place of Birth, (Street and Number) No 46 S. Ann St

5. Full Name of Mother Mr. R. Rohlfman

6. Mother's Maiden Name Mrs. R. Rohlfman

7. Mother's Birthplace Balt

8. Full Name of Father J. R. Rohlfman

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Hilligier

Address 182 E Monument St

Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

Twins. Males.

2. Race or Color, (if not of the white race)

3. Date of Birth,

3rd of August.

4. Place of Birth, (Street and Number)

113 Hoffman St.

5. Full Name of Mother,

Mary W. Hagerman

6. Mother's Maiden Name,

Wm. Dillan

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

Edward Hagerman.

9. Father's Occupation,

Labourer.

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return

Charlotte Crosby.

Address,

369 Cathedral St.

Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5/10/08

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 3^d 1882

4. Place of Birth, (Street and Number)

188 N Bend St

5. Full Name of Mother,

Francis Moore

6. Mother's Maiden Name,

" Pakle

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Henry C Moore

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Howard Co Md

Name of Medical Attendant, or other Person who makes this Return.

Regina A Winters

Address,

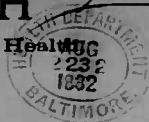
186 Harford Ave

Remarks,

Persons born in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 3rd 1892

4. Place of Birth, (Street and Number)

762 Bannock

5. Full Name of Mother

Joanna Padgett

6. Mother's Maiden Name,

Joanna Leach

7. Mother's Birthplace,

Ann Arundel Co Md

8. Full Name of Father,

Mortimer Padgett

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Charles Co Maryland

Name of Medical Attendant, or other Person who makes this Return

G. R. Miller MD

Address,

158 Rebovitch

Remarks,

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *August 3d.*
4. Place of Birth, (Street and Number) *S. E. Cor. Scott & St. Peter's Sts.*
5. Full Name of Mother, *Mrs. Mary Koen*
6. Mother's Maiden Name, *Mary Friedrich*
7. Mother's Birthplace, *Prussia Germany*
8. Full Name of Father, *John Koen*
9. Father's Occupation, *Flourist*
10. Father's Birthplace, *Frankfort*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. J. J. J. J.*
- Address, *No. 1 Schaefer St.*
- Remarks,

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57108

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 3d, 1882

4. Place of Birth, (Street and Number)

111 Maryland Alley
Helena Lindars

5. Full Name of Mother,

6. Mother's Maiden Name,

Krug

7. Mother's Birthplace,

8. Full Name of Father,

John Sinclair

9. Father's Occupation,

Well Digger

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth J. Jolly
120 Park St.
City

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

571091

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 children
1. Sex (state whether male or female) Male child
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Fourth of August
4. Place of Birth, (Street and Number) No 8 Macdonald
5. Full Name of Mother Priscilla Hove Stanley
6. Mother's Maiden Name Priscilla Macdonald
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John Stanley
9. Father's Occupation Lumber filer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Harriet Britton
- Address _____
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Aug 4th 1882*
4. Place of Birth (Street and Number) *23 Boulden alley*
5. Full Name of Mother *Fannie Johnston*
6. Mother's Maiden Name *Wallace*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John W. Johnston*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *C. Towell M.D.*
- Address *72 Mosher St*
- Remarks

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

57110

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Black*
3. Date of Birth *Aug 4th 1882*
4. Place of Birth (Street and Number) *23 Boulden alley*
5. Full Name of Mother *Fannie Johnston*
6. Mother's Maiden Name *Wallace*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John W. Johnston*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *C. Tawcett M.D.*
Address *92 Mosher St*
Remarks

RETURN OF A BIRTH

57111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *544*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Aug. 4th 1882*
4. Place of Birth, (Street and Number) *Little Mc Elroy St 44*
5. Full Name of Mother, *Mary Elizabeth Williams*
6. Mother's Maiden Name, *Sebo*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Williams*
9. Father's Occupation, *Musician*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *E. G. Baldwin M. D.*
- Address, *124 N. Euter St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge who shall deliver, assist at, or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend a sick or
adult at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *57112*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)...

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

4 Aug.

4. Place of Birth, (Street and Number)

163 N. Front

5. Full Name of Mother,

Anna Johnson

6. Mother's Maiden Name,

Hecale

7. Mother's Birthplace,

Balti.

8. Full Name of Father,

Henry Johnson

9. Father's Occupation,

Morocco Dresser

10. Father's Birthplace,

Balti.

Name of Medical Attendant, or other Person who make this Return.

D. Street, M.D.

Address,

163 N. Front

Remarks,

Stillborn - 4 hr. - ventral

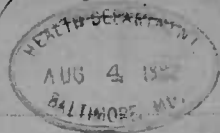
2

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Color Boy*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *August 4 1882*
4. Place of Birth, (Street and Number) *N. Chappel St No 148 Baltimore*
5. Full Name of Mother, *Larromb Blake*
6. Mother's Maiden Name, *Larromb Blake*
7. Mother's Birthplace, *Baltimore M D*
8. Full Name of Father, *Stephen gills*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore M D*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Ann Haystack*
- Address, *Orleans Street No 196*
- Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

57114

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th Eighth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug. 4th 1882

4. Place of Birth (Street and Number)

1511 E. Biddle St.

5. Full Name of Mother

Eveline Knapp

6. Mother's Maiden Name

Eveline Crane

7. Mother's Birthplace

Erie Pennsylvania

8. Full Name of Father

John Knapp

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore County

Name of Medical Attendant, or other Person who
makes this Return.

A. G. Stetson

Address

2137 N. Central Ave.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 4th Aug 1882

4. Place of Birth (Street and Number) 427 Lexington St

5. Full Name of Mother Kate Joyce

6. Mother's Maiden Name Kate Flinn

7. Mother's Birthplace Balto Md

8. Full Name of Father Wm N Joyce

9. Father's Occupation Machinist

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Thomas O'Neil M.D.

Address 39 N. Carey St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57116

To the Office of Registrar of Vital Statistics, Board
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 10 1882

4. Place of Birth, (Street and Number) 401 N. Eager St

5. Full Name of Mother, Mrs Barbara J. Huff

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Huff

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Dr. J. S. Wood et

Remarks,

any physician, accoucheur, midwife, or other person in charge, who shall deliver, assist or attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11. 4

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

Dec. 4. of 1899

4. Place of Birth, (Street and Number).....

No. 221 Goes St

5. Full Name of Mother,.....

Lise Bruff

6. Mother's Maiden Name,.....

Lise Goodwin

7. Mother's Birthplace,.....

Maryland

8. Full Name of Father,.....

John Goodwin

9. Father's Occupation,.....

Labor

10. Father's Birthplace,.....

Ireland

Name of Medical Attendant, or other Person who makes this Report.

Mrs. Christina Lauer.

Address,

173, Hayter, via

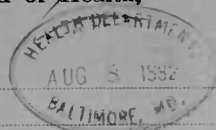
Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 4th 1882

4. Place of Birth, (Street and Number)

6th Congress St.

5. Full Name of Mother,

Annis J. McGuire

6. Mother's Maiden Name,

Annis S. Myers

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John McGuire

9. Father's Occupation,

Sail Maker

10. Father's Birthplace,

Wm. Tucker Co. Md

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooke M.D.

Address,

146 N. Ave. St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

57119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
 1. Sex (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth Aug 4th 1882
 4. Place of Birth, (Street and Number) No 349 Central Ave
 5. Full Name of Mother Louise Schmidt
 6. Mother's Maiden Name Louisa Baldus
 7. Mother's Birthplace Germany
 8. Full Name of Father John Schmidt
 9. Father's Occupation Barber
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this Return. None
 Address 182 E Monument.
 Remarks

RETURN OF A BIRTH 17120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. S. x, (state whether male or female) 2 males

2. Race or Color, (if not of the white race) White

3. Date of Birth, August the 4 1882

4. Place of Birth, (Street and Number) 298 Camden St Bal

5. Full Name of Mother, Mary A. Turner

6. Mother's Maiden Name, Mary A. Cairns

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin Turner

9. Father's Occupation, Saddle

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. S. Kelley

Address, 292 Pratt St Bal

Remarks.

Every physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1 Anna Gortalski
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Polish*
3. Date of Birth, *August 4 1887*
4. Place of Birth, (Street and Number) *in Prorvic Rosen.*
5. Full Name of Mother, *Bartlet Str No. 2*
6. Mother's Maiden Name, *Mikolaj Lijewski in Lehen Rosen*
7. Mother's Birthplace, *Anna Gortalski Lijewska Rosen*
8. Full Name of Father, *Mikolaj Lijewski*
9. Father's Occupation, _____
10. Father's Birthplace, _____
Name of Medical Attendant, or other Person who makes this Return *Mrs Leebach*
Address, *439 Pratt St*
Remarks, _____



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57122

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Aug 1 5 1892

4. Place of Birth, (Street and Number)

353. W Carey St

5. Full Name of Mother,

Ada G. Hicks

6. Mother's Maiden Name,

Ganittus

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Henry B. Hicks

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo B. Gresham
1 Waverley Pl

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Black*
 3. Date of Birth, *Aug 4th 1882*
 4. Place of Birth, (Street and Number) *3 Grove St -*
 5. Full Name of Mother, *Lammi Stinson*
 6. Mother's Maiden Name, *Lammi Stinson*
 7. Mother's Birthplace, *Eastern Shore -*
 8. Full Name of Father, *George Blackman*
 9. Father's Occupation, *Cowman*
 10. Father's Birthplace, *Delaware*
 Name of Medical Attendant, *or other Person who makes this Return* *Dr. H. H. Hunt, M.D.*
 Address, *36 Esplanade Ave*
 Remarks, _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57124

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 4th 82*
4. Place of Birth, (Street and Number) *in No. 2nd St*
5. Full Name of Mother, *Kate Hochman*
6. Mother's Maiden Name, *Kate Shahr*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles Hochman*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *John A. Smith M.D.*
- Address *215 N. Lombard St*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 4th 1882

4. Place of Birth, (Street and Number)

Vine Street N. 121

5. Full Name of Mother,

Cathrina Holtgreve

6. Mother's Maiden Name,

Cathrina Voller

7. Mother's Birthplace,

Provins Hannover Berenstet. Germany

8. Full Name of Father,

Louis Holtgreve

9. Father's Occupation,

Farmer at B & O R. R. Road

10. Father's Birthplace,

Provins Hannover Osnabrück. Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. C. C.

Address,

No. 10 Maryland St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57136

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug 2^d 1882
4. Place of Birth, (Street and Number) 3 Green St.
5. Full Name of Mother, Fannie Stevenson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, George Blackman
9. Father's Occupation, Coachman
10. Father's Birthplace, Delaware
- Name of Medical Attendant, or other Person who makes this Return Silas W. Hunsicker M.D.
- Address, 36 Greenmount Ave.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *nine*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 5th*
4. Place of Birth, (Street and Number) *Winans St No. 1400*
5. Full Name of Mother, *Emma Link*
6. Mother's Maiden Name, *E. Gill*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Wm H Link*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Conway*
- Address, *131 Battery Av*
- Remarks,

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advised at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5/1/28

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child.

1. Sex, (state whether male or female) Girl.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 15 Day of August.

4. Place of Birth, (Street and Number) No. 100 South Eden Street.

5. Full Name of Mother, Elisabeth Hammer.

6. Mother's Maiden Name, Elisabeth Steinberger.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Conrad Hammer.

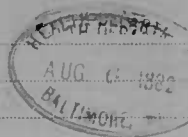
9. Father's Occupation, Cabinet maker.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this return, F. L. K. Kaufmann.

Address, No. 202 South Dallas Street.

Remarks.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend a woman or child at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57129

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

Aug 5th

4. Place of Birth, (Street and Number).....

28 Hill St

5. Full Name of Mother,.....

Isaac Stromberg

6. Mother's Maiden Name,.....

Isaac Greenbaum

7. Mother's Birthplace,.....

Baltimore

8. Full Name of Father,.....

George Stromberg

9. Father's Occupation,.....

Merchant

10. Father's Birthplace,.....

Germany

Name of Medical Attendant, or other Person who makes this Return,.....

A. Gentilini

Address,.....

No. 2 Cathedral St

Remarks,.....

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

August 5, 1882

3. Date of Birth,

4. Place of Birth, (Street and Number)

295 N Ann St
Lane & Lavin

5. Full Name of Mother,

6. Mother's Maiden Name,

John

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benj B Harris

9. Father's Occupation,

Marine

10. Father's Birthplace,

Va

Name of Medical Attendant,

or other Person who makes this Return

Harry A. Allwell

Address,

246 Mc Donogh St

Remarks,

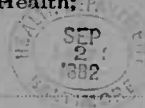
advise the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within ~~ten~~ days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57131

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)...

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 2 1882

4. Place of Birth, (Street and Number)

1600 Over Street 16 86 1/2

5. Full Name of Mother,

Lizzie Ahlepinke.

6. Mother's Maiden Name,

Lizzie Brecksta.

7. Mother's Birthplace,

Italy.

8. Full Name of Father,

August Ahlepinke

9. Father's Occupation,

Paint stand

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Redd Munn

Address,

1. Howard St 12

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5/1/32

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sixth Child
Fanny
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Born August 5 - 1882 1/2 Post 3 o'clock
115 South Fremont St Baltimore

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

Margaret McGreevy

6. Mother's Maiden Name,

Margaret Laffey

7. Mother's Birthplace,

America Baltimore

8. Full Name of Father,

James McGreevy

9. Father's Occupation,

Blacksmith General

10. Father's Birthplace.

County Down Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Seebach

Address,

Remarks,

439 West Pratt St

I am not any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

17123

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, No 29th St. Durham St. August 27 1882
 4. Place of Birth, (Street and Number) Anna Rucera 297 A. Durham St.
 5. Full Name of Mother, Roubal Anna Rucera
 6. Mother's Maiden Name, Roubal
 7. Mother's Birthplace, Brezen
 8. Full Name of Father, Joseph Rucera
 9. Father's Occupation, Tailor
 10. Father's Birthplace, Witez
 Name of Medical Attendant, or other Person who makes this Return, Josephina Konrad
 Address, No 20 Barnes St
 Remarks, _____

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

5th August

24 St.ומר Alley

Mary Beke

E. Casey

Baltimore

Mike Beers

Labourer

Baltimore

Sarah Casper

72 E. Humbert street

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

57135
White
May 5 1887
255 Light St
Rose Granger
Rose Granger
Va
Joseph Granger
Book Keeper
Baltimore
B.B. Noble M.D.
58 N. Main St

RETURN OF A BIRTH

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3^d August

4. Place of Birth, (Street and Number)

Register Street No 91

5. Full Name of Mother,

Mari Fridel

6. Mother's Maiden Name,

" " Mosier

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Markus Fridel

9. Father's Occupation,

Trainer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Mosier

Address,

at Lombard Street No 248

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating minutely the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

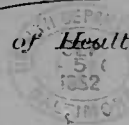
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 5: 6:30 P.M. 1891*
4. Place of Birth (Street and Number) *109 E. Penn St.*
5. Full Name of Mother *Mary Ellen Heitzell*
6. Mother's Maiden Name *Mary E. Smart*
7. Mother's Birthplace *Baldw. City*
8. Full Name of Father *Jas M. Heitzell*
9. Father's Occupation *Black*
10. Father's Birthplace *Baldw. City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Dronelle M.D.*
- Address *299 E. Baltimore St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17138

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *August 5th, 9:10 A. M.*
4. Place of Birth, (Street and Number) *No 64 S. Green St.*
5. Full Name of Mother, *Gertrude Hyle,*
6. Mother's Maiden Name, *Wade.*
7. Mother's Birthplace, *Balti Co., Md.*
8. Full Name of Father, *Henry Hyle*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Pennsylvania.*
- Name of Medical Attendant, *or other Person who*
attended this birth *Wm. W. D. D. D. D.*
- Address, *1 E. E. Columbia Ave & S. Green St.*
- Remarks, *Child in good physical condition, & living.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6-19-00
57139
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mary E. Rial

1. Sex (~~state whether~~ male or female)

2. Race or Color (~~if not~~ of the white race)

3. Date of Birth

8.6.82.

4. Place of Birth (Street and Number)

404 N. Fremont St

5. Full Name of Mother

Mary Rial

6. Mother's Maiden Name

Riner
Balle

7. Mother's Birthplace

8. Full Name of Father

Joseph P. Rial

9. Father's Occupation

Clark
Balle

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Henry W. Gorman

Address

349 E

Remarks

Twins

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 6th 1882
4. Place of Birth, (Street and Number) 456 Madison Avenue.
5. Full Name of Mother, Mary Louisa Klingstein.
6. Mother's Maiden Name, Mary Louisa Heppes.
7. Mother's Birthplace, New York.
8. Full Name of Father, George Klingstein
9. Father's Occupation, Confectioner.
10. Father's Birthplace, Philadelphia
- Name of Medical Attendant, or other Person who makes this Return Amanda E. Taylor, M.D.
- Address 77 N. Stricker St
- Remarks.

in case at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6th August

4. Place of Birth, (Street and Number)

No 76 Greenmount Ave

5. Full Name of Mother,

Rebecca Brown

6. Mother's Maiden Name,

Rebecca Stasman

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Richard Brown

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Woodson

Address,

Remarks,

120 Greenmount Ave

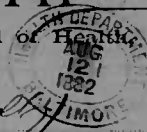
Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57142

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 6th 1882*
4. Place of Birth, (Street and Number) *112. Stearns St.*
5. Full Name of Mother, *Annie C. Warner*
6. Mother's Maiden Name, *" " Bellcher*
7. Mother's Birthplace, *Italy*
8. Full Name of Father, *Simon C. Warner*
9. Father's Occupation, *Broom Maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. D. Blake Med*
- Address, *168. S. Paca St.*
- Remarks,

Give at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 6th 1882

4. Place of Birth, (Street and Number)

Harford Avenue 226

5. Full Name of Mother

Annie Rebecca Korman

6. Mother's Maiden Name,

Annie R. Lloyd

7. Mother's Birthplace,

Birth place Baltimore

8. Full Name of Father,

Joseph Korman

9. Father's Occupation,

House Painter

10. Father's Birthplace,

Charles County

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Woodson

Address,

Harford Avenue 126

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6 11

4. Place of Birth, (Street and Number)

186 Constitution.

5. Full Name of Mother,

Pauline Martin

6. Mother's Maiden Name,

Pauline Vick.

7. Mother's Birthplace,

North Carolina.

8. Full Name of Father,

Michael Martin.

9. Father's Occupation,

Oyster Business.

10. Father's Birthplace,

Oxford.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wooden.

Address,

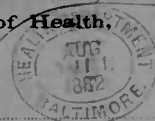
120 Greenmount Ave.

Remarks,

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return

4th
Male
White

Aug. 6th 1882

Baltimore Ramsey St. No. 132

Lusen Taylor
Peddicord

Baltimore

John Taylor

Laborer

Baltimore

Mrs. C. Mitchell

No. 38 Parkin St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57146

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. August 7th



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 6th 1882

4. Place of Birth, (Street and Number) 7. Castle St.

5. Full Name of Mother, Eve Greb.

6. Mother's Maiden Name, Eve R. J. Port.

7. Mother's Birthplace, Germany

8. Full Name of Father, Josef Kries.

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Anand

Address, No. 157 S. 9th St.

Remarks, N

1. The attending physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 16, 1892*
4. Place of Birth, (Street and Number) *E. Pratt St. No. 135*
5. Full Name of Mother, *Julie M. Spangler*
6. Mother's Maiden Name, *Julie M. Spangler*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William M. Hopkins*
9. Father's Occupation, *Wagon maker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *W. Dallas St. No. 26*

Remarks,

DULANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

For a return of your children in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Coloured*
3. Date of Birth *Aug 6th 1882*
4. Place of Birth (Street and Number) *Balto. Hamburg St & 207*
5. Full Name of Mother *Lizzie Lyons*
6. Mother's Maiden Name *Lizzie Calup*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Frank Lyons*
9. Father's Occupation *Brickmaker*
10. Father's Birthplace *Charles Co.*
Name of Medical Attendant, or other Person who makes this Return.
Address
Remarks *Mr. Francis Granby*

and so at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 10 1892

4. Place of Birth, (Street and Number)

St Johns St No 4

5. Full Name of Mother,

Sarah Sample

6. Mother's Maiden Name,

Sarah Warfield

7. Mother's Birthplace,

Barren County

8. Full Name of Father,

George Sample

9. Father's Occupation,

labor

10. Father's Birthplace,

Eastern shore Md

Name of Medical Attendant, or other Person who makes this Return.

Chas H. Brown

Address,

Carlton St No 10

Remarks,

Physician, midwife, or other person in charge, who shall attend, assist or
be at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *6th August*
4. Place of Birth, (Street and Number) *89 Thullen street*
5. Full Name of Mother, *Lusta Schimpff*
6. Mother's Maiden Name, *Zimmerman*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Christian Schimpff*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Bavaria*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Wild

49, 76 Grand St Bt

Wg

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name, Edward W. Baldwin

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

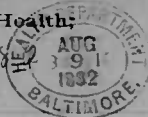
At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Aug 5 9 1892



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) 2 females

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 5 1892

4. Place of Birth, (Street and Number) 345 Castle Street

5. Full Name of Mother, Eva Roth

6. Mother's Maiden Name, Eva Littel

7. Mother's Birthplace, Germany

8. Full Name of Father, Matthew Roth

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, 137 South Wolfe St

Remarks, -1-

Return of a Birth Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

5/1/03



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

colored

3. Date of Birth:

August 6

4. Place of Birth (Street and Number)

no. 418 Peach Alley

5. Full Name of Mother

Mary E. Johnson

6. Mother's Maiden Name

J. Dunnell

7. Mother's Birthplace

Somerset Co Md

8. Full Name of Father

Jasper Johnson

9. Father's Occupation

Cook

10. Father's Birthplace

Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return.

mid wife Mary E. Dennis

Address

21 Peach Alley

Remarks

RETURN OF A BIRTH 5/1/04

When any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57154

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 6th 1882*
4. Place of Birth, (Street and Number) *No. 27 Heath St*
5. Full Name of Mother, *Amelia Ruby*
6. Mother's Maiden Name, *Amelia Tucker*
7. Mother's Birthplace, *Carroll Co. Md*
8. Full Name of Father, *Joseph Ruby*
9. Father's Occupation, *Brakeman Balt & O.R.R*
10. Father's Birthplace, *Carroll Co. Md*
- Name of Medical Attendant, or other Person who makes this Return *Elizabeth Ginton*
- Address, *No. 29 Calapoco St*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

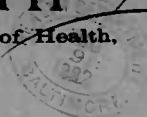


No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Black*
 3. Date of Birth *Aug 6 - 1882*
 4. Place of Birth (Street and Number) *14 Boulden alley*
 5. Full Name of Mother *Virginia Watkins*
 6. Mother's Maiden Name *" Sales*
 7. Mother's Birthplace *Virginia*
 8. Full Name of Father *Benny Watkins*
 9. Father's Occupation *waiter*
 10. Father's Birthplace *Virginia*
 Name of Medical Attendant, or other Person who make this Return.
 Address *C. Jewett M.D.*
 Remarks *92 Mosher St*

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 6th

4. Place of Birth, (Street and Number)

No. 16 Eastern ave

5. Full Name of Mother,

Mary Altgater

6. Mother's Maiden Name,

Beck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Altgater

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sophia Singer
No 20 Granby st

Address,

Remarks,

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 6 '82

4. Place of Birth, (Street and Number)

64 Jefferson St.

5. Full Name of Mother,

Elizabeth C. Lambert

6. Mother's Maiden Name,

McFulloch

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

James C. Lambert

9. Father's Occupation,

Car Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Klevell

Address, 211 Long St.

Remarks,

1. The physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *6th of August*
4. Place of Birth, (Street and Number) *47 Ross St.*
5. Full Name of Mother, *Mary Calburn*
6. Mother's Maiden Name, *Hayden*
7. Mother's Birthplace, *New York*
8. Full Name of Father, *James Calburn*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Charlotte Crosby*
- Address, *369 Cathedral St.*
- Remarks, _____

Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 6, 1882

4. Place of Birth, (Street and Number)

74 Dear St Balt

5. Full Name of Mother,

Kate Yacke

6. Mother's Maiden Name,

Hadler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Yacke

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Leebach

Address,

439 West Pratt St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug 6th 1882*
4. Place of Birth (Street and Number) *Arguilla & Harford Ave*
5. Full Name of Mother *Ida Preston*
6. Mother's Maiden Name *Forster*
7. Mother's Birthplace *Balti*
8. Full Name of Father *Emil Preston*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Balti*
Name of Medical Attendant, or other Person who makes this Return. *W. B. Billingslee*
Address *256 E Preston st.*
Remarks

"First any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 12 1892.

4. Place of Birth, (Street and Number)

No. 9, Penn, ave.

5. Full Name of Mother,

Mary Schmider

6. Mother's Maiden Name,

" Behnberger

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Carroll Schmider

9. Father's Occupation,

Schoolmaster.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Anne, Zimmer.

Address,

No. 23 S. Monroe St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57162

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 6 4 1892
4. Place of Birth, (Street and Number) 116 Franklin St
5. Full Name of Mother, Emma E. Preis
6. Mother's Maiden Name, Emma E. Keller
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George F. Preis
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Wm. H. H. H.
167 W. 1st St

RETURN OF A BIRTH

57163

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *August 6th 1882*
 4. Place of Birth, (Street and Number) *N. 32 N. Eden St*
 5. Full Name of Mother, *Julia Stoetzer*
 6. Mother's Maiden Name, *Julia Kaimibal*
 7. Mother's Birthplace, *Baltimore Md.*
 8. Full Name of Father, *Ferdinand Stoetzer*
 9. Father's Occupation, *Horse Dealer*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other Person who makes this Return, *Henry Salzer*
 Address, *163 W. Lombard St*
 Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- 57164
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 6th
4. Place of Birth (Street and Number) 230 E. Pratt St
5. Full Name of Mother Catherine Gaudeman
6. Mother's Maiden Name German
7. Mother's Birthplace Philadelphia
8. Full Name of Father Edw Gaudeman
9. Father's Occupation Glassblower
10. Father's Birthplace Lebanon, Pa
- Name of Medical Attendant, or other Person who makes this Return. J. C. Bland Jr
- Address 15 1/2 Howard St
- Remarks

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 7th 1892

4. Place of Birth (Street and Number) 15 Baker St

5. Full Name of Mother Carrie Haughey

6. Mother's Maiden Name McEwen

7. Mother's Birthplace Virginia

8. Full Name of Father John Haughey

9. Father's Occupation Car Builder

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chas E Sadler

Address 568 Druid Hill Rd

Remarks

any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57/66

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, August 7/89

4. Place of Birth, (Street and Number) 195 Penna Ave

5. Full Name of Mother, Laura W Collins

6. Mother's Maiden Name, Laura W Carrigan

7. Mother's Birthplace, Ind

8. Full Name of Father, Charles A. Collins

9. Father's Occupation, Telephonist

10. Father's Birthplace, Ind

Name of Medical Attendant, or other Person who makes this Return J. Miller M.D.

Address, 188 Franklin St

Remarks, _____



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57167

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 7th 1882

4. Place of Birth, (Street and Number)

Baltimore Lannon St. 12

5. Full Name of Mother,

Elizabeth M^{rs}. Ligne

6. Mother's Maiden Name,

Loft. Mann.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George M^{rs}. Ligne

9. Father's Occupation,

Business Manufacturer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. G. Mitchell

Address,

No. 58 Landon St.

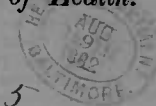
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

5/168

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

- Sex (state whether male or female) infant Male
- Race or Color, (if not of the white race) white
- Date of Birth born on the 4th of August 1892
- Place of Birth, (Street and Number) 541 W. Lombard St.
- Full Name of Mother Emmie Orth
- Mother's Maiden Name As. Eifer
- Mother's Birthplace Prussia Germany
- Full Name of Father John Orth
- Father's Occupation Butcher
- Father's Birthplace Prussia Germany
- Name of Medical Attendant, or other Person who makes this return. Miss Miller
- Address 1517 W. 5th St.
- Remarks

RETURN OF A BIRTH

5/169

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

57169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

11/1



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

4 August

4. Place of Birth, (Street and Number)

Valley Street 18

5. Full Name of Mother,

Louise Crossmann

6. Mother's Maiden Name,

L. Gummert

7. Mother's Birthplace,

Hannover

8. Full Name of Father,

Louis Crossmann

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Hessen

Name of Medical Attendant, or other Person who makes this Return

Emma Walker

Address,

239 Eager Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

- 3.
- Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

- 10.
- Father's Birthplace,*

Name of Medical Attendant,

Cumma... Walser

Address,

Locher Street

Remarks.

that any physician, apothecary, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.¹⁵

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 7th 1892*

4. Place of Birth, (Street and Number) *10 1st Avenue*

5. Full Name of Mother, *Annie Kroening*

6. Mother's Maiden Name, *Annie Barthe*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Barnabertura Kroening*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Ameseder*

Address, *17 South Wolfe St.*

Remarks, *—*

THE CITY PHYSICIAN, ACCOUCHEUR, MIDWIFE, or other person in charge, who shall attend, advise or
advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57172

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female)

White Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 7th

4. Place of Birth, (Street and Number)

10133 Orleans St

5. Full Name of Mother,

M. A. Clewell

6. Mother's Maiden Name,

Pickett

7. Mother's Birthplace,

Germany

8. Full Name of Father,

C. A. Clewell

9. Father's Occupation,

Musician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

4070 Grandy St. J. P. Simon

Address,

1070 Grandy St.

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their present condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57172

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, 4th)

1. Sex, (~~male~~ female)

2. Race or Color, (~~of the white race~~)

3. Date of Birth,

Aug. 7th

4. Place of Birth, (Street and Number)

48 E. Biddle St.

5. Full Name of Mother,

Ella. V. Strick

6. Mother's Maiden Name,

Ella Fox

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Charles J. Strick

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

Geo. Barkman

Address,

1 Fairmount Ave

Remarks,

Child 7 months. Died 4 Hours.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

87174

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6^{tes} Kind

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weis

3. Date of Birth, geboren den 7^{ten} August

4. Place of Birth, (Street and Number) N. 190 Register Str

5. Full Name of Mother, Mary Rickewald

6. Mother's Maiden Name, Mary Kroft

7. Mother's Birthplace, Deutschland

8. Full Name of Father, Henry Rickewald

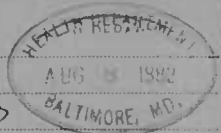
9. Father's Occupation, Handwerker

10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Laufmann

Address, N. 202 S. Tuller Str

Remarks, Hebräer

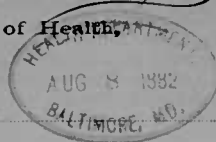


Let any physician, accouchant, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th of Kind

1. Sex, (state whether male or female)

Boys

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

born 7th August

4. Place of Birth, (Street and Number)

N^o 154 Alexander St

5. Full Name of Mother,

Josephine Schmidt

6. Mother's Maiden Name,

Josephine Bohm

7. Mother's Birthplace,

Deutschland

8. Full Name of Father,

William Schmidt

9. Father's Occupation,

Handarbeiter

10. Father's Birthplace,

Deutschland

Name of Medical Attendant,

or other Person who makes this Return

Friederike Kaufmann

Address, N^o 202

S. Dallas St

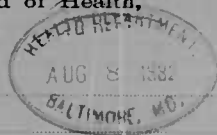
Remarks,

Hebammen

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Kind*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 7ten August*
4. Place of Birth, (Street and Number) *N 245 Bond. Str*
5. Full Name of Mother, *Charlotte Schumann*
6. Mother's Maiden Name, *Charlotte Strobel*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *William Schumann*
9. Father's Occupation, *Handwerker*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Rossmann*
- Address *N 202 S. Dallas Str*
- Remarks, *Hebamme*

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57177
(over)

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of child: George W. Rignin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Aug 4 1899

4. Place of Birth (Street and Number) 109 Williams St

5. Full Name of Mother Emma Rignin

6. Mother's Maiden Name Kelly

7. Mother's Birthplace Baltimore

8. Full Name of Father George Rignin

9. Father's Occupation Barber

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Cusker

Address 134 Hamburg St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *aug the 7th. 1882*
4. Place of Birth, (Street and Number) *Baltimore amity st No 91*
5. Full Name of Mother, *Jane Watkins*
6. Mother's Maiden Name, *Brown*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *Thomas Watkins.*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return *Mary A Dorsey*
- Address, *83 Oxford St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57179

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 7th 1892

4. Place of Birth, (Street and Number)

4. W. Cor. Chew and Bond Sts.

5. Full Name of Mother,

Margaret Kudrle

6. Mother's Maiden Name,

Schulz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Kudrle

9. Father's Occupation,

Provision Dealer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

J. W. Feldner M.D.

Address,

4. E. Cor. Eager & Caroline Sts.

Remarks,

57180

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *9 of August*
- Place of Birth, (Street and Number) *526 of Canton Av.*
- Full Name of Mother, *Frankiska Schubert*
- Mother's Maiden Name, *(Bavaria)*
- Mother's Birthplace, *Neuengreen*
- Full Name of Father, *Johann Schubert*
- Father's Occupation, *Farmer*
- Father's Birthplace, *Neuengreen (Bavaria)*
- Name of Medical Attendant, *G. Behnken*
- Address, *54 Essex St. (Canton)*
- Remarks,

that any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *57781*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd -*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 7 - 1882*
4. Place of Birth, (Street and Number) *No 210 Maryland Ave*
5. Full Name of Mother, *Donna Emma de Navarro*
6. Mother's Maiden Name, *Emma Chinic*
7. Mother's Birthplace, *Canada*
8. Full Name of Father, *Don José de Navarro*
9. Father's Occupation, *Spanish Consul*
10. Father's Birthplace, *Spain*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

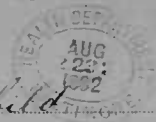
H. H. H. H. H.
163 W. Lombard St

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5/1/82

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The first Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if nat of the white race) *White*
3. Date of Birth, *Aug 7 1882*
4. Place of Birth, (Street and Number) *No 348 Blair avenue*
5. Full Name of Mother, *Caroline League*
6. Mother's Maiden Name, *Caroline Binan*
7. Mother's Birthplace, *Baltimore city*
8. Full Name of Father, *Harry Leavelly League*
9. Father's Occupation, *coach painter*
10. Father's Birthplace, *Annapolis Md*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Bruno*
Address, *6 Kenton St. Baltimore*
Remarks, *a very large Girl*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 5/1882

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 687
1. Sex (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 8th 1882
4. Place of Birth, (Street and Number) 63 Scott St.
5. Full Name of Mother Abundant E. Ireland
6. Mother's Maiden Name Michael
7. Mother's Birthplace Balto city
8. Full Name of Father Jno B. Ireland
9. Father's Occupation Steam cutter
10. Father's Birthplace Connecticut
Name of Medical Attendant, or other Person who makes this Return. W. C. Lee
Address Hanover Barrs sts
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57184

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Unmarried*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *August 5th 1882*
 4. Place of Birth, (Street and Number) *St Bond St court*
 5. Full Name of Mother, *Mary Hopkins*
 6. Mother's Maiden Name, *Mary Hopkins*
 7. Mother's Birthplace, *Eastern Shore*
 8. Full Name of Father, *William Hopkins*
 9. Father's Occupation, *Labor*
 10. Father's Birthplace, *Eastern Shore*
 Name of Medical Attendant, or other Person who makes this Return *Lucinda Woolford*
 Address, *130 N Register St*
 Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

57/85

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 8 1882

4. Place of Birth, (Street and Number) 275 Johnson St. Baltimore, Md.

5. Full Name of Mother, Jennie Madigan

6. Mother's Maiden Name, Jennie Scott

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Dr. Mary Madigan

9. Father's Occupation, Dentist

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return, M. A. Wood

Address, 107 Johnson St. Baltimore, Md.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57186

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 8 1882
4. Place of Birth, (Street and Number) 44 Diamond St
5. Full Name of Mother, Mary Howard
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, "
9. Father's Occupation, "
10. Father's Birthplace, "
- Name of Medical Attendant, D. C. Williams
or other Person who makes this Return
- Address, 201 Madison Ave
- Remarks, This patient was about 12 years old
Delivered with forceps without serious difficulty

RETURN OF A BIRTH

57157

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 child

sex, (state whether male or female)

male

race or Color, (if not of the white race)

white

date of Birth,

August 8 1892

place of Birth, (Street and Number)

204 Monument St

full Name of Mother,

Mary C. Carney

other's Maiden Name,

Mary C. Martin

other's Birthplace,

Baltimore City

full Name of Father,

Thomas P. Carney

other's Occupation,

Police Officer

other's Birthplace,

Baltimore City

name of Medical Attendant, or other Person who makes this Return

Dena Hillegast

address

182 Monument Street

works

PRINTED AND STATIONED

RETURN OF A BIRTH

57158

Trice
days
ical
hidden

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57158

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

24th August

4. Place of Birth, (Street and Number)

137 North Charles St

5. Full Name of Mother

Eliza Rickfield

6. Mother's Maiden Name

Eliza Jewell

7. Mother's Birthplace

Spence Street

8. Full Name of Father

Columbus Stewart Rickfield

9. Father's Occupation

Carpenter

10. Father's Birthplace

13 Bounty Lane

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Ann Campbell

Address

1111 1st Street

Remarks

near 1st St no 7

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 7. 8 1882 11 1/2 Pm

4. Place of Birth, (Street and Number)

111 Hillen St

5. Full Name of Mother,

Mrs. Sophia Hunter

6. Mother's Maiden Name,

Mrs. Sophia Wilkinson

7. Mother's Birthplace,

Baldwin

8. Full Name of Father,

A. E. Hunter

9. Father's Occupation,

Eating House

10. Father's Birthplace,

Wrightsville York Co. Pa

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah Wooden

Address,

120. Greenmount, Ave

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57190

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th of August 1882

4. Place of Birth, (Street and Number)

Balto, No 348 South Sharp St

5. Full Name of Mother,

Priscilla W. Bargar

6. Mother's Maiden Name,

Priscilla W. Hale

7. Mother's Birthplace,

Balto, Maryland

8. Full Name of Father,

Geo W Bargar

9. Father's Occupation,

Iron Maulder

10. Father's Birthplace,

Balto, Maryland

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. M. M. M.

Address,

1 S. W. M. M. M.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5/1/91

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Feb 28 1892 Aug 8/92
4. Place of Birth (Street and Number) 161 Pearce St
5. Full Name of Mother Mary Coats
6. Mother's Maiden Name Mary Williams
7. Mother's Birthplace Washington
8. Full Name of Father Henry Coats
9. Father's Occupation Coal Carrier
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. L. J. Harris 5 Decker Court
- Address
- Remarks, Left Place on the head. Low Nabel. Other in
Height #12 1/2
Healthy

2 That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

August 8th 1882

4. Place of Birth (Street and Number)

No 33 Bowler St

5. Full Name of Mother

Harriet Reynolds

6. Mother's Maiden Name

Harriet Hawkins

7. Mother's Birthplace

Calvert Co

8. Full Name of Father

Wm Reynolds

9. Father's Occupation

Labourer

10. Father's Birthplace

anximusdale Co Md

Name of Medical Attendant, or other Person who makes this Return.

Charles W. Mason

Address

25 E W. Redding St

Remarks

None

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 8th, 1882*
4. Place of Birth, (Street and Number) *95 Hamburg St*
5. Full Name of Mother, *Catherine Elizabeth Dunn*
6. Mother's Maiden Name, *Eckert*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *Walter Francis Joseph Dunn*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this return. *Robert S. Rowe, M.D.*
Address, *325 Light St and 143 Battery Ave*
Remarks, *7 mos child - brought Labor brought on by dysentery.*

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, on or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57174

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 Day of August
4. Place of Birth, (Street and Number) No. 51 Orchard Street
5. Full Name of Mother, Anna Eidman
6. Mother's Maiden Name, Anna Polke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Eidman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Fredericke Kaufmann

Address No. 201 South Calles Street

Remarks, Stillborn



Source: *Records of the City of Baltimore.*

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 8 '82

4. Place of Birth, (Street and Number)

106 E. Biddle St.

5. Full Name of Mother,

Virginia Gunther

6. Mother's Maiden Name,

Jenken

7. Mother's Birthplace,

Maryland.

8. Full Name of Father,

Lieut. R. Gunther

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Chas. A. Munn

Address, 286 N. Tenney St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57196

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
time

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August-8 '82

4. Place of Birth, (Street and Number)

382 E. Madison St.

5. Full Name of Mother,

Mary P. Elliott-

6. Mother's Maiden Name,

Archer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sam M. Elliott-

9. Father's Occupation,

Care Worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary P. Elliott

Address, 286 McDonough St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57197

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

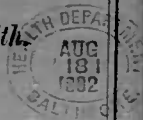


- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) 2 males
2. Race or Color, (if not of the white race) White
3. Date of Birth, August the 8 1880
4. Place of Birth, (Street and Number) 315 McKenney St Bal
5. Full Name of Mother, Agnes Pickell
6. Mother's Maiden Name, Agnes Miller
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Robert Lewis Pickell
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, Mrs S. Hoffman
or other Person who makes this Return
- Address, 192 Pratt St Bal
- Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57198

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



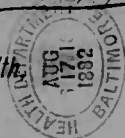
- No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) _____
1. Sex (state whether male ~~or~~ female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth August 8th 1892
4. Place of Birth, (Street and Number) 412 1/2 Canton Avenue
5. Full Name of Mother Mollie Graham
6. Mother's Maiden Name Mollie Spaan
7. Mother's Birthplace Baltimore City, Md
8. Full Name of Father George Washington Graham
9. Father's Occupation Boiler Maker
10. Father's Birthplace Baltimore City, Md
- Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell, Senior
- Address 207 S. Broadway
- Remarks Male twins.

Return of a Birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) white
 3. Date of Birth Aug 8th 1892
 4. Place of Birth (Street and Number) 391 Appin St
 5. Full Name of Mother Lillie A Shoop
 6. Mother's Maiden Name Wablow
 7. Mother's Birthplace Penn
 8. Full Name of Father John W. Shoop
 9. Father's Occupation C.R. Conductor
 10. Father's Birthplace Penn
 Name of Medical Attendant, or other Person who makes this Return. M B Billingsley
 Address 256 E Preston St
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

8th August

4. Place of Birth, (Street and Number)

20 N. Hammarble street

5. Full Name of Mother.

Matilda Seglar

6. Mother's Maiden Name.

Rediger

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

John Seglar

9. Father's Occupation.

Sabourer

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Caspar

Address,

72 B. Humbert street

Remarks.

RETURN OF A BIRTH 17201

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 8th August

4. Place of Birth, (Street and Number) 44 Market space

5. Full Name of Mother, Louis Macy

6. Mother's Maiden Name, Gibson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Macy

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 22 E. Lombard street

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 8th 82

4. Place of Birth (Street and Number)

212 Gen St.

5. Full Name of Mother

Mary E. McSham

6. Mother's Maiden Name

Mary E. Somers

7. Mother's Birthplace

Ma.

8. Full Name of Father

Jno. B. McSham

9. Father's Occupation

Brookkeeper

10. Father's Birthplace

Ma.

Name of Medical Attendant, or other Person who makes this Return.

J. Tyler Smith

Address

221 Barr St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 8th 1882
4. Place of Birth, (Street and Number) 134 W. Biddle
5. Full Name of Mother Caroline Stewart
6. Mother's Maiden Name Breamer
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Andrew Luther Stewart
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Louis W. Knigge M.D.
- Address 112 N. Greene
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57504

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 8th 1882
4. Place of Birth, (Street and Number) N^o 240 Lafayette Ave.
5. Full Name of Mother, Lina Bronhardt Unverzagt
6. Mother's Maiden Name, Lina Bronhardt
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo. P. Unverzagt
9. Father's Occupation, merchant
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, Dr. Henry Salzer
or other Person who makes this Return.
- Address, 163 W Lombard St
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH 57200

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1st.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Male

White

August 9th 1882

No. 303. McDonald & Barnett St.

Amia Beck

Amia Karl

Columbus Ohio

Henry J. Beck

Paper Hanger

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W. A. Butt.

Address, No 185. SE. Cor Central av. & Monument St.

Remarks, All well

rect Record of Vital Statistics in the City of Baltimore.

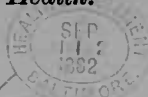
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5/20/06

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth August 9th 1882
4. Place of Birth (Street and Number) No. 12, Brook Avenue
5. Full Name of Mother Hannah Appling
6. Mother's Maiden Name Hannah Hamilton
7. Mother's Birthplace Baltimore
8. Full Name of Father John D. Appling
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. A. W. C. Appling
- Address 343 W. Lombard St
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female KATHERINE MARY BOTTLER

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 8th 1882

4. Place of Birth, (Street and Number)

213 Sansade St.

5. Full Name of Mother,

Mary T. Botler

6. Mother's Maiden Name,

Mayher

7. Mother's Birthplace,

New York City

8. Full Name of Father,

Chas. R. Botler

9. Father's Occupation,

Dentist

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return

W. Christie, M.D.

Address,

431 Penna Ave.

Remarks.

2 That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August the 9. 1882

4. Place of Birth, (Street and Number)

No. 92. Mt Kimen Street

5. Full Name of Mother,

Katie A Jordan

6. Mother's Maiden Name,

Katie Ann Brien

7. Mother's Birthplace,

Baltimore. M.F.

8. Full Name of Father,

William Joseph Jordan

9. Father's Occupation,

Teamster

10. Father's Birthplace,

Baltimore. M.F.

Name of Medical Attendant,

or other Person who makes this Return

Jacob H. Hodges

Address,

120 Greenmount Avenue Near Eager Street

Remarks,

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *5/20/9*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *August 9th 1882*
4. Place of Birth, (Street and Number) *121 Linden Ave*
5. Full Name of Mother, *Laura Virginia Shaw*
6. Mother's Maiden Name, *Chaudley*
7. Mother's Birthplace, *Leidy*
8. Full Name of Father, *David W. Shaw*
9. Father's Occupation, _____
10. Father's Birthplace, *Leidy*
- Name of Medical Attendant, or other Person who makes this Return *Dr. S. B. Blake*
- Address, *168 S. Race St.*
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57210

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 9th 1892

4. Place of Birth, (Street and Number)

32 Wmson St

5. Full Name of Mother,

Emile O Dele

6. Mother's Maiden Name,

Emile Taylor

7. Mother's Birthplace,

1564th Mo

8. Full Name of Father,

Wm O Dele

9. Father's Occupation,

High Soil Man

10. Father's Birthplace,

Bret. Mo

Name of Medical Attendant, or other Person who makes this Return

Phredrick Cook MD

Address

146 Hanover St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57211

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *9 of August 1882*
 4. Place of Birth (Street and Number) *58 York st*
 5. Full Name of Mother *Eliza Ward*
 6. Mother's Maiden Name *Mary Gandy*
 7. Mother's Birthplace *City of Dublin*
 8. Full Name of Father *Fredrick Ward*
 9. Father's Occupation *carriage making*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Eliza H. Scarborough*
 Address *220 Monmouth st*
 Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57212

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
- Sex (state whether male or female) Male
 - Race or Color, (if not of the white race) White
 - Date of Birth 4 o'clock Pm Aug 9th 1882
 - Place of Birth, (Street and Number) Cor of Clinton & Town Sts Balt-
 - Full Name of Mother Mary Haverkamp
 - Mother's Maiden Name Mary Buckle
 - Mother's Birthplace Baltimore
 - Full Name of Father Henry Haverkamp
 - Father's Occupation School Master
 - Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. J. G. Brichard M.D.
- Address 28 O'Donnell St
- Remarks Head presentation Neck Protruding
- Both Mother and Child are now doing well

Correct name of Child Statistics in the City of Baltimore.

"That any physician, accouchement, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57215

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 9 '82

4. Place of Birth, (Street and Number)

242 W. Ave. St.
Franklin

5. Full Name of Mother,

Elanay

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Franklin

8. Full Name of Father,

Barber

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Mary & Allen

Name of Medical Attendant, or other Person who makes this Return

Address, 286 W. Donogh St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17/114

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seven child*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white race*
 3. Date of Birth, *4 August*
 4. Place of Birth, (Street and Number) *211 Gittings Street*
 5. Full Name of Mother, *Frances Belle Hader*
 6. Mother's Maiden Name, *Frances Keller*
 7. Mother's Birthplace, *Dorlingenberg, Prussia*
 8. Full Name of Father, *Henry Hader*
 9. Father's Occupation, *Cigarren-maker*
 10. Father's Birthplace, *Herstelle, Prussia*
 Name of Medical Attendant, or other Person who makes this Return *Prof. Grunig*
 Address, *1 Lombard St*
 Remarks,

advise
 days
 medical
 children

RETURN OF A BIRTH 175114

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 9th 1882
4. Place of Birth, (Street and Number) Corner of Hull + Calverly Sts
5. Full Name of Mother Bessie M. Keenley
6. Mother's Maiden Name Bessie Keenley
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick M. Keenley
9. Father's Occupation Saloon Keeper
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.
- Address No. 57 Franklin St.
- Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17216

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

9th August

4. Place of Birth, (Street and Number)

17 S. Easter street

5. Full Name of Mother,

Catherine Henklemann

6. Mother's Maiden Name,

Manq

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Henklemann

9. Father's Occupation,

Boiler Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

22 E. Humbert street

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

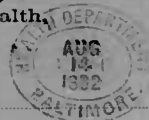
"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17217

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 7 1882

4. Place of Birth, (Street and Number) No. 58 Perry St

5. Full Name of Mother, Lottie Callahan

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto City

8. Full Name of Father, James Callahan

9. Father's Occupation, Labourer

10. Father's Birthplace, Delaware

Name of Medical Attendant, or other Person who makes this Return, Deborah Thomas

Address, 71 Broadway Alley

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 9 / 82

4. Place of Birth, (Street and Number)

Penbent

5. Full Name of Mother,

Mary S. Chanley

6. Mother's Maiden Name,

Mary S. Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Chanley

9. Father's Occupation,

Boatman

10. Father's Birthplace,

New Haven

Name of Medical Attendant, or other Person who makes this Return

Magie Etel

Address

13. Cuba St

Remarks

Lowest Point

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 7219

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth Aug 9th 1882.

4. Place of Birth, (Street and Number) 82 Baylong st

5. Full Name of Mother Ruby Sany

6. Mother's Maiden Name Ruby Clarke

7. Mother's Birthplace St Marys Co

8. Full Name of Father William T. Sany

9. Father's Occupation Public Waiter

10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mary E Wallace

Address # 119 Baylong st.

Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 9th 1882

4. Place of Birth, (Street and Number)

12 Pleasant Alley.

5. Full Name of Mother.

Maria Thieff

6. Mother's Maiden Name,

" Thies

7. Mother's Birthplace,

John Thieff

Germany

8. Full Name of Father,

Cooper

9. Father's Occupation,

10. Father's Birthplace,

Germany.

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 9th 1882

4. Place of Birth, (Street and Number)

139 Port St

5. Full Name of Mother,

Melton Horsteker

6. Mother's Maiden Name,

Jimmernann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Horsteker

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57222

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
- Sex, (state whether male or female) *Male.*
- Race or Color, (if not of the white race) *White.*
- Date of Birth, *August 7th, 10:40 A.M.*
- Place of Birth, (Street and Number) *No 40 Warner St.*
- Full Name of Mother, *Katharine Steinman*
- Mother's Maiden Name, *Reese.*
- Mother's Birthplace, *Baltimore.*
- Full Name of Father, *George Steinman*
- Father's Occupation, *Shoe-Cutter.*
- Father's Birthplace, *Poland.*
- Name of Medical Attendant, or other Person who makes this Return, *John W. McEwen, M.D.*
- Address, *N.E. Co. Columbia Ave. & A. Avenue St.*
- Remarks,

JOHN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

57223

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17223

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st female August 9

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth August 9 1892

4. Place of Birth, (Street and Number) Hamstead 71-710 42

5. Full Name of Mother Lear Jane Coleman

6. Mother's Maiden Name Lear Jane Coleman

7. Mother's Birthplace Anna Massick East-shore Maryland

8. Full Name of Father Henry Lewis

9. Father's Occupation Works on a Sail Boat

10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return Mrs. Edw. J. Colver

Address Union St. do not know the number

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57324

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth *8.10.82*

4. Place of Birth (Street and Number) *114 Pa. ave.*

5. Full Name of Mother *Amelia Evaline Trimmans,*

6. Mother's Maiden Name *Altamagh*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Frank E. Trimmans*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Wheeling W. Va.*

Name of Medical Attendant, or other Person who makes this Return. *Rever M. Eastman*

Address *649 E. 5th*

Remarks

12
 rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *August 10th 1882*
4. Place of Birth (Street and Number) *558 Saratoga St*
5. Full Name of Mother *Sizzie Brooks*
6. Mother's Maiden Name *Sizzie Coleman*
7. Mother's Birthplace *Western Virginia*
8. Full Name of Father *John Brooks*
9. Father's Occupation *Drummer*
10. Father's Birthplace *Naples on of*
- Name of Medical Attendant, or other Person who makes this Return. *Charlotte Wynn*
- Address *258 Calvary St*
- Remarks *None*

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 5/7/16

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. August 11th 1887.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Single.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 10th 1887.
4. Place of Birth, (Street and Number) 109 S. Ann St.
5. Full Name of Mother, Johanna Zimmer.
6. Mother's Maiden Name, Johanna Widger.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Zimmer.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Report, Mrs. Mary Amend.

Address, No. 137 S. Wolfe St.

Remarks, 87

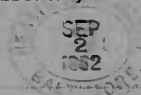
Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57227

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *10th August*
4. Place of Birth, (Street and Number) *N^o 140 Hamburg street*
5. Full Name of Mother, *Wilhelmine Westphal*
6. Mother's Maiden Name, *Gundermann*
7. Mother's Birthplace, *Arnshurg, Kreis Witzgenstein*
8. Full Name of Father, *August Westphal*
9. Father's Occupation, *Coppersmith*
10. Father's Birthplace, *Freienwalde Pommern*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Münch*
Address, *1 Leadenhall St.*
Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57228

To the Office of Registrar of Vital Statistics, Board of Health,
over BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Name John Coyle

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 10th 1882

4. Place of Birth, (Street and Number) 69 Johnson St

5. Full Name of Mother, Primitia Coyle

6. Mother's Maiden Name, Primitia Wright

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Coyle

9. Father's Occupation, Ship Chandler

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Theodore Cook Jr

Address, 140 Hanover St

Remarks,

current Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 26, 1882*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *May Gulbricks*

6. Mother's Maiden Name, *May Lindsey*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Gulbricks*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Sweden, A. Province*

Name of Medical Attendant, or other Person who makes this Return

Address, *600 E. Baltimore St.*

Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 16, 1905*

4. Place of Birth, (Street and Number) *Register St. 1905*

5. Full Name of Mother, *Maria Spitzer*

6. Mother's Maiden Name, *Maria Spitzer*

7. Mother's Birthplace, *Hessle, Pr. Province, Germany*

8. Full Name of Father, *Edward Spitzer*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. E. H. Miller*

Address, *1100 N. 1st St.*

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



Order of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
Sex (state whether Male or Female) *Male*
Race or Color (if not of the white race) *Colored*
Date of Birth *Aug 10th 1882*
Place of Birth (Street and Number) *230 West Street*
Full Name of Mother *Helen A. E. Pemberton*
Mother's Maiden Name *Wilson*
Mother's Birthplace *No. 108 Wilcox St. Baltimore City*
Full Name of Father *John W. Pemberton Jr.*
Father's Occupation *Sealor*
Father's Birthplace *No. 106 Henrietta St. Balto. City*
Name of Medical Attendant, or other Person who makes this return *Caroline Moore*
Address
Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17229

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 14th 1887
4. Place of Birth, (Street and Number) 152 Light St.
5. Full Name of Mother Lucy S. Hinkley
6. Mother's Maiden Name Kutler
7. Mother's Birthplace Balto Md.
8. Full Name of Father William S. Hinkley
9. Father's Occupation Farmer
10. Father's Birthplace Balto Md.
- Name of Medical Attendant, or other Person who makes this Return. Annie Green.
- Address 154 Light St.
- Remarks _____



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1 Aug 92*
4. Place of Birth, (Street and Number) *332 Aliegarua St*
5. Full Name of Mother, *Mrs Mary Schlenkman*
6. Mother's Maiden Name, *Bruckman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frederick Schlenkman*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, *or other Person who makes this Return* *Mrs. Getzke*

Address, *1202 1st St*

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or act as at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) 34 emd g

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 10

4. Place of Birth, (Street and Number) No 320, Bank St

5. Full Name of Mother, Mrs Barbara Sparr

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Sparr

9. Father's Occupation, butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Geizke

Address, No 33 S. Bond St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

*That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 10th 1882
No 312 S. Charles St.
Caroline Schwartz

4. Place of Birth, (Street and Number)

5. Full Name of Mother

Schauman

6. Mother's Maiden Name,

7. Mother's Birthplace,

America
Louis Schwartz

8. Full Name of Father,

Shoemaker

9. Father's Occupation,

10. Father's Birthplace,

America
J. Schwasser midwife
332 Hanover St.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7236

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 10. 1882
4. Place of Birth (Street and Number) 92 St. Front St.
5. Full Name of Mother Julia House
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father House
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. V. Scuffin M.D.
- Address 45 Mulberry St.
- Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 10 82*

4. Place of Birth (Street and Number) *63 Bureau St.*

5. Full Name of Mother *Julia Keenan*

6. Mother's Maiden Name

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Paul Keenan*

9. Father's Occupation *Store keeper*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Drayton*

Address *45 Mulberry St.*

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- 17338
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 10th Aug. 1859
4. Place of Birth (Street and Number) Baltimore Md
5. Full Name of Mother Angelina Larson
6. Mother's Maiden Name Angelina Kressel
7. Mother's Birthplace Denmark
8. Full Name of Father Jesse Nelson
9. Father's Occupation Merchant
10. Father's Birthplace Denmark
- Name of Medical Attendant, or other Person who makes this Return. Wm. Carter
- Address 134 Lombard
- Remarks Living well

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57239

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *10th of August*

4. Place of Birth, (Street and Number) *46 Creston St.*

5. Full Name of Mother, *Emma George*

6. Mother's Maiden Name, *Hamilton*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Willur George*

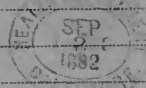
9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Charlotte Crosby*

Address, *369 Cathedral St.*

Remarks, _____



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57240

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one first*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

10th Aug. 1882

4. Place of Birth, (Street and Number)

No 318 Eastern Ave

5. Full Name of Mother,

Mary Elizabeth Heywood

6. Mother's Maiden Name,

do do Taylor

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

James Heywood

9. Father's Occupation,

machinist

10. Father's Birthplace,

England

Name of Medical Attendant,

or other Person who
makes this Return

Mrs Wily

Address, *No 12*

East St Boston

Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *5th mo of ten Saturday*
 4. Place of Birth, (Street and Number) *187 West St*
 5. Full Name of Mother, *Eliza Tomas*
 6. Mother's Maiden Name, *Eliza Johnson*
 7. Mother's Birthplace, *Annerman County*
 8. Full Name of Father, *William Tomas*
 9. Father's Occupation, *Guano Factory*
 10. Father's Birthplace, *North Carolina*
- Name of Medical Attendant, or other Person who makes this Return *Susan Butler*
- Address, *228 West St*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57242

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 11 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 10th 1882*

4. Place of Birth, (Street and Number) *No 11. Somerset St.*

5. Full Name of Mother, *Katharina Tekler German*

6. Mother's Maiden Name, *Mäker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Adam Tekler*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Josephina Konrad*

Address, *No 20. Barnes St.*

Remarks.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57243

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 of August
4. Place of Birth, (Street and Number) 226 Ann St.
5. Full Name of Mother, Jacoba Behrends
6. Mother's Maiden Name, Janfen
7. Mother's Birthplace, Emiden (Hannover) Germ
8. Full Name of Father, Behrends Behrends
9. Father's Occupation, Grocer and Milk Business
10. Father's Birthplace, Emiden (Hannover)
- Name of Medical Attendant, or other Person who makes this Return, G. Behnken
- Address, 54 Essex St.
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 10 August

4. Place of Birth, (Street and Number) 40 Spring st

5. Full Name of Mother, Barbara Rohmberg

6. Mother's Maiden Name, Pistol

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Adam Rohmberg

9. Father's Occupation, cigar maker

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Kling
42 Holland st.

Address,

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1872 95

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

August 10th

4. Place of Birth, (Street and Number)

no 87 Lidenhall St

5. Full Name of Mother,

Emely Clark

6. Mother's Maiden Name,

Emely Johnson

7. Mother's Birthplace,

annae rundle county md

8. Full Name of Father,

John Clark

9. Father's Occupation,

work in lumber

10. Father's Birthplace,

Cambridge md

Name of Medical Attendant,

or other Person who
makes this Return

Mrs Lydia Porter

Address,

no 4 patisco avenue

Remarks,

healthy child

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17246

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 3*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *W. C.*
 3. Date of Birth, *the 10 of Aug*
 4. Place of Birth, (Street and Number) *No 267 Argot St*
 5. Full Name of Mother, *Mary Edgely*
 6. Mother's Maiden Name, *Marge Jauer*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Frank Jauer*
 9. Father's Occupation, *Business man*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return, *Ch. J. Jauer*
 Address, *171 Hooper ave*
 Remarks, *1882*

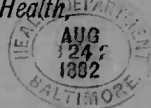
Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57247

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7

1. Sex (state whether Male or Female)

Female
White

2. Race or Color (if not of the white race)

3. Date of Birth

August 10th 1882

4. Place of Birth (Street and Number)

83 S. Poppleton

5. Full Name of Mother

Maggie C. Banett

6. Mother's Maiden Name

Fahy

7. Mother's Birthplace

Maryland

8. Full Name of Father

James Banett

9. Father's Occupation

Rag Merchant

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Thomas O'Quinn M.D.

Address

39 N. Carey St.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Second Child

female

Colored

10 August 1882

322 Harris collection

Mary White

Calvert Co. Md

John Thomas

Gard. Carriage

Washington DC

Mary E. Jones

No 17 Water St

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, his or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7249

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 10

4. Place of Birth, (Street and Number)

2535 Eden St

5. Full Name of Mother,

Louise Anna Suley

6. Mother's Maiden Name,

John A. Suley

7. Mother's Birthplace,

Baltimore, County

8. Full Name of Father,

John Suley

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Baltimore, County

Name of Medical Attendant, or other Person who makes this Return

Charles H. H. H.

Address,

2535 Eden St

Remarks,

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

Aug 10, 1892

E Baltimore St

Lally Lank

Smith

Philadelphia

Unknown

!!

!!

W. S. Siffenderfer
High St

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17251

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

OCT
4
1882
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 10 August 1882
4. Place of Birth, (Street and Number) 6 Dilpot Alley
5. Full Name of Mother, Kate Fager
6. Mother's Maiden Name, Baierlein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Fager
9. Father's Occupation, Broom-maker
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Mary Stein
- Address, 154 E. Pratt St.
- Remarks, _____

Extract Regulations of the Board of Health in regard to securing a Birth Record of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2d
Female
10 full
Aug 10th
126 N. High
Mary W. Williams
Dwyer
City
Wm W. Williams
Seaman
City
J. B. Smith Dr
1st 1st Avenue St

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57203

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st
Male

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth,

August 10th 1882

4. Place of Birth, (Street and Number)

1103 S Bond

5. Full Name of Mother.

Elizabeth Verleger

6. Mother's Maiden Name,

" Schmechel

7. Mother's Birthplace,

Pol. Verleger

City

8. Full Name of Father,

Carriage maker

9. Father's Occupation,

10. Father's Birthplace,

City.

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Peters

Address,

120 S Paul St.

Remarks,

Extract Regulations of the Board of Health to be returned by the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st

Male

White

Aug 10th 82

174 N. Paca St.

Mallie R. Schneider

Childs

Laurelton Pa

Theodore C Schneider

Mechanic

Germany

H D Brooks M.D.

152 W Madison St.

RETURN OF A BIRTH

57255

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10th of August

4. Place of Birth, (Street and Number)

Blair avenue

5. Full Name of Mother,

Lilie Kueke

6. Mother's Maiden Name,

Lilie Baltz

7. Mother's Birthplace,

Borne in Baltimore

8. Full Name of Father,

Louis G. Kueke

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Borne in Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Miss Walter

Address,

125 N. Caroline

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57256

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 10th, 1882

4. Place of Birth, (Street and Number)

No. 112. Hollins St.

5. Full Name of Mother,

Augusta Wickbold.

6. Mother's Maiden Name,

" " " Reis.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Wickbold.

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Oldenburg, Germany.

Name of Medical Attendant,

or other Person who makes this Return

Annie Lindner.

Address,

No. 45 S. Abnemoor St.

Remarks,

57257

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female).... *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 11th 1892.*
4. Place of Birth, (Street and Number) *226 Bank Street Baltimore*
5. Full Name of Mother, *Bell Burns*
6. Mother's Maiden Name, *Blank*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Alexandria Burns*
9. Father's Occupation, *Car Maker*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Namiah Knowles*
- Address, *136 South Caroline Street.*
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother if such child or children."

RETURN OF A BIRTH

57258

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

girl. Emma.

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 11th 1888.

4. Place of Birth, (Street and Number)

526 Lexington St.

5. Full Name of Mother,

Margaretha Fischer

6. Mother's Maiden Name,

Margaretha Rottmann

7. Mother's Birthplace,

Schneinfurt. Bavaria

8. Full Name of Father,

John Fischer

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Oberseheim. Bavaria

Name of Medical Attendant,

or other Person who makes this Return

Dr. Mrs. Dugger

Address,

60 Schaefer St.

Remarks,

57258

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 11th 1882

4. Place of Birth, (Street and Number)

21 N. Hollis St.

5. Full Name of Mother,

Barbara Kummel

6. Mother's Maiden Name,

Fickterman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Kummel

9. Father's Occupation,

Painter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. P. Brown M.D.

Address,

275 E. Balto. St.

Remarks,

Child about 6 months old, died about 2 days after birth

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or witness at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57260

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 11, 1882

4. Place of Birth, (Street and Number) No. 80 Johnson St. Balt. Md.

5. Full Name of Mother, Eliza Gregory

6. Mother's Maiden Name, Eliza Gibbs

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Arthur Gregory

9. Father's Occupation, cigar maker

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash

Address, 127 Johnson St. Balt. Md.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17261

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second child female

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

11 of august

4. Place of Birth (Street and Number)

No 225 light st

5. Full Name of Mother

mathe stinson

6. Mother's Maiden Name

mathe martin

7. Mother's Birthplace

dochester county Md

8. Full Name of Father

samuel S stinson

9. Father's Occupation

engineer

10. Father's Birthplace

philadelphia

Name of Medical Attendant, or other Person who makes this Return.

elizabeth scabright

Address

220 monmouth st

Remarks

Extract Regulations of the Board of Health to be secured in full from the
 rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17262

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Col

3. Date of Birth Friday Aug 11th 82

4. Place of Birth (Street and Number) Sanatoga St near Calvert

5. Full Name of Mother Julia Church

6. Mother's Maiden Name Julia Harris

7. Mother's Birthplace Norfolk Va

8. Full Name of Father Jacob Church

9. Father's Occupation Shoemaker

10. Father's Birthplace Northumberland County Va

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Appleton

Address 57. 2d Calvert St

Remarks Baltimore Md

Extract Regulations of the Board of Health to Secure a Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

17163



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 11th 1882

4. Place of Birth (Street and Number)

234 Galewisch Ave

5. Full Name of Mother

Josephine Byron

6. Mother's Maiden Name

Josephine Hamilton

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles H. M. Byron

9. Father's Occupation

Lawyer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

W. W. Gorman

Remarks

343 N. Lombard St.

correct Record of Vital Statistics in the City of Baltimore.

12 That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57264

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 11th 1882
4. Place of Birth, (Street and Number) 214 N. Gilman St.
5. Full Name of Mother, Matine M. Waring
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va.
8. Full Name of Father, Mr. L. Waring
9. Father's Occupation, Commercial Merchant
10. Father's Birthplace, Va.
Name of Medical Attendant, or other Person who makes this Return J. Harvey Hill M.D.
Address, 119 E. Monument Ave.
Remarks,

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17265

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

111



No. of Child of Mother (state whether 1st, 2d, 3d, &c) *3rd*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Aug 11th 1882*
 4. Place of Birth (Street and Number) *468 E. Monument*
 5. Full Name of Mother *Mary Gullary*
 6. Mother's Maiden Name *Mary Lindsay*
 7. Mother's Birthplace *Baltimore City*
 8. Full Name of Father *John Gullary*
 9. Father's Occupation *Ice-kater*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Wm N. Hill M.D.*
 Address *196 E Baltimore St*
 Remarks

RETURN OF A BIRTH, 57266,

To the Office of Registrar of Vital Statistics, Board of Health

|||||

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

sex (state whether male or female)

Male

Race or Color, (if not of the white race)

white race

Date of Birth

August 11th

Place of Birth, (Street and Number)

Baltimore Battery at No 2212

Full Name of Mother

Mary E Myers

Mother's Maiden Name

Mary Crispens

Mother's Birthplace

Baltimore

Full Name of Father

Frank Myers

Father's Occupation

segar maker

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Elizabeth Huthorn

Address

William st No 346

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57267

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 11/82

4. Place of Birth, (Street and Number) 119 Columbia Ave

5. Full Name of Mother, Minnie Richter

6. Mother's Maiden Name, Minnie Becker

7. Mother's Birthplace, Meck

8. Full Name of Father, John Richter

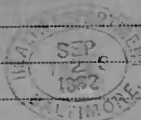
9. Father's Occupation, Gold Beater

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. Miller

Address, 188 Franklin St

Remarks,



RETURN OF A BIRTH 57268

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

7268

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 11th 1882

4. Place of Birth, (Street and Number)

298 Hanover St
Baltimore

5. Full Name of Mother,

Miss Müller

6. Mother's Maiden Name,

7. Mother's Birthplace,

America
George Walter

8. Full Name of Father,

Cigar maker

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schepasser midwife
331 Hanover St.

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

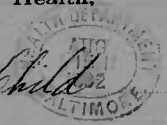
RETURN OF A BIRTH

47269

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 11th 1887

4. Place of Birth, (Street and Number)

No. 640 S. Charles St.

5. Full Name of Mother.

Anna Spartin

6. Mother's Maiden Name.

Linch

7. Mother's Birthplace,

America

8. Full Name of Father.

Louis Spartin

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant,

or other Person who makes this Return

J. Schwager midwife
330 Hanover St.

Address,

Remarks,

Extract Regulations of the Board of Health in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57270

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

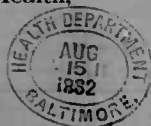


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*
 1. Sex (state whether Male or Female) *male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *August 11. 1882*
 4. Place of Birth (Street and Number) *55 Niles St.*
 5. Full Name of Mother *Minnie Cook*
 6. Mother's Maiden Name *Hammond*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *George Cook*
 9. Father's Occupation *Whip maker*
 10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Knapp, M.D.*
- Address *465 Mulberry St.*
- Remarks

RETURN OF A BIRTH *57271*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



"That any person who shall attend, assist or report to the registrar aforesaid, the color of the child or children born, its or their nativity, and residence of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *M*

2. Race or Color, (if not of the white race) *W*

3. Date of Birth, *Aug 11 - 1882*

4. Place of Birth, (Street and Number) *74 Pa Ar*

5. Full Name of Mother, *May J. Lewis*

6. Mother's Maiden Name, *Wright*

7. Mother's Birthplace, *Bach*

8. Full Name of Father, *Geo. J. Lewis*

9. Father's Occupation, *(Geo. J. Wolff)*

10. Father's Birthplace, *R. Winslow*

Name of Medical Attendant, or other Person who makes this Return *R. Winslow*

Address, *201 W. Biddle St*

Remarks,

“That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.”

RETURN OF A BIRTH

17272

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Boy*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Friday May 11th*
 4. Place of Birth, (Street and Number) *Baltimore sharp and Cross st. B.C. 2.*
 5. Full Name of Mother, *Lottie Briskner*
 6. Mother's Maiden Name, *Wicks*
 7. Mother's Birthplace, *Virginia*
 8. Full Name of Father, *Samuel Briskner*
 9. Father's Occupation, *Driver*
 10. Father's Birthplace, *Marlborough*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. W. McInerney*
Address, *1 Lombard St.*
Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17272

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 11 to 1882

4. Place of Birth, (Street and Number)

24. Gay Madison Parkway No. 26

5. Full Name of Mother

Agnes J. Smith

6. Mother's Maiden Name

Wm. J. Smith

7. Mother's Birthplace

W. J. Holland

8. Full Name of Father

John J. Smith

9. Father's Occupation

Private Coachman

10. Father's Birthplace

Ireland

Name of Medical Assistant, or other Person who makes this Return.

Edmund P. Smith

Address

674 Avenue A

Remarks

2 in 11 months & 27 days

correct record of vital statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 7-29-33
BALTIMORE



Name: *Hillie Lee Simpson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *11 August 1882*

4. Place of Birth, (Street and Number) *119 Ensor st*

5. Full Name of Mother, *Hillie Simpson*

6. Mother's Maiden Name, *Johnson*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Albert Simpson*

9. Father's Occupation, *cigar maker*

10. Father's Birthplace, *Balt Md*

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Wieg
48 Holland st

Address,

Remarks,

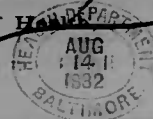
Balt Md

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday August 11

4. Place of Birth, (Street and Number)

274 Lehigh St

5. Full Name of Mother,

Larva Alenblin

6. Mother's Maiden Name,

Larva B Palmer

7. Mother's Birthplace,

Born in Baltimore

8. Full Name of Father,

Charles Muehne

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Muller

Address,

125 No Caroline St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 11 August
4. Place of Birth, (Street and Number) 196 Baltimore st
5. Full Name of Mother, Lizzie Christian
6. Mother's Maiden Name, Roessinger
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Christian Christian
9. Father's Occupation, varnisher
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Ans. Ross
487...
Balt. Md.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57277

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August 11th 1882

4. Place of Birth, (Street and Number)

916 Greenway St

5. Full Name of Mother,

Lizzie Lewis

6. Mother's Maiden Name,

Lizzie Jackson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Brooklyn Lindly

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

5 Barclay St

Remarks,

“That any physician, accoucheur, midwife or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.”

RETURN OF A BIRTH

57278

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd 1st
Female Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ..

Colored

3. Date of Birth,

Aug 12th 1882

4. Place of Birth, (Street and Number)

71 Orchard St

5. Full Name of Mother,

Jennie Outlow

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Beth

8. Full Name of Father,

Benj Outlow

9. Father's Occupation,

Coal Driver

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
make this Return

R. Winslow

Address,

201 W. Biddle St

Remarks,

RETURN OF A BIRTH

57279

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH

57279

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 12th. 1882

4. Place of Birth, (Street and Number) No. 14 S. E. cor. High & Watson

5. Full Name of Mother, Dora Bast

6. Mother's Maiden Name, Dora Baptist.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Bast

9. Father's Occupation, Baker

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return W. A. Butt

Address, No. 185 S. E. cor. Central av. & Monument St.

Remarks, All Well

Wm. & C. DULANEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57280

"The city physician, accoucheur, midwife, or other person in possession of any person in the city of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, of the date of birth, sex, and color of the child or children, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, and whether still-born, or born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *3*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 12th 1882*

4. Place of Birth, (Street and Number) *No 26 Albemarle St.*

5. Full Name of Mother, *Anna Ballard*

6. Mother's Maiden Name, *Kaiser*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm Ballard*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Sophia Simon*
or other Person who makes this Return

Address, *No 70 Granby St.*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

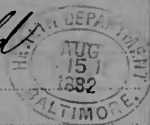
RETURN OF A BIRTH

57281

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. 11
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

10th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 12th 1882

4. Place of Birth, (Street and Number)

No 442 Broadway St

5. Full Name of Mother.

Augusta Schneider

6. Mother's Maiden Name.

Treff

7. Mother's Birthplace,

Louis Schneider

8. Full Name of Father.

Silversplater

9. Father's Occupation,

both born in Germany

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

H. Schwasser midwife

Address,

330 Hanover St.

Remarks,

57282

11

BALTIMORE CITY.

First

male

white

12 August

11 Collingwood Ave

Geo. H. Hinton

Eva Dilly

Germany

Edward H. Spring

Guatemala

Germany

or other Person who
makes this Return

No. 13 H-10.000 P. 10.000

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

11



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, August 12th 1882

4. Place of Birth, (Street and Number) No. 40 Miller St

5. Full Name of Mother, Alice E. Lyons

6. Mother's Maiden Name, " " Camrine

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Jas. W. Lyons

9. Father's Occupation, Pedler & Fish Dealer

10. Father's Birthplace, London, England

Name of Medical Attendant, or other Person who makes this Return Mrs. G. Russell

Address, No 238 N Broadway

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physician's name, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 12th 1882
4. Place of Birth, (Street and Number) 13 176 Burgundy Street
5. Full Name of Mother, Laura Deems
6. Mother's Maiden Name,
7. Mother's Birthplace, Balt. City
8. Full Name of Father, John Deems
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt. City
- Name of Medical Attendant, or other Person who makes this Return, Deborah Thomas
- Address, 71 Burgundy St
- Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

doing well

1st
Male
White
Aug. 12 1892
City of U. S.
Maggie Cunningham
Highland
Ky.
Thos. Cunningham
Merchant
Ky.
D. Street, Md

14 D U. S. Exch - St
L. A. D. R. 5th - normal

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

57286

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6. 2 Child
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth 12 of August 1886
 4. Place of Birth (Street and Number) 46 Abbott St Baltimore
 5. Full Name of Mother Anna Brück
 6. Mother's Maiden Name Anna Dück
 7. Mother's Birthplace Bohemia
 8. Full Name of Father John Brück
 9. Father's Occupation Taylor
 10. Father's Birthplace Bohemia
 Name of Medical Attendant, or other Person who makes this Return Katryna Barauch
 Address 46 Abbott St
 Remarks Born Free

54307

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57387

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One (1)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 12th 1882

4. Place of Birth, (Street and Number)

149 Concord St

5. Full Name of Mother,

Rebecca Abbott

6. Mother's Maiden Name,

"Boney

7. Mother's Birthplace,

York Co Pa

8. Full Name of Father,

James A Abbott

9. Father's Occupation,

Boiler Maker

10. Father's Birthplace,

Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return.

Regina A Winters

Address,

186 Harford Ave

Remarks,

COMPARE REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

172 PP

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

12th August

4. Place of Birth, (Street and Number)

704 S. Arlamarle street

5. Full Name of Mother,

Henriette Boler

6. Mother's Maiden Name,

Ritter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Boler

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombert street

Remarks,

RETURN OF A BIRTH 173 PP

Correct Record of Vital Statistics in the City of Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17289

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 12th

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Caroline Bannan

6. Mother's Maiden Name,

" Bragg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter Bannan

9. Father's Occupation,

Hackman Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Seebach

Address,

Remarks,

439 west Pratt St



Correct Return of Birth Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17290

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

August 12th

4. Place of Birth, (Street and Number)

no 123 hill st

5. Full Name of Mother,

eliza jones

6. Mother's Maiden Name,

eliza cooper

7. Mother's Birthplace,

talbert county

8. Full Name of Father,

henry jones

9. Father's Occupation,

huckster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Lydia Porter

Address,

no 14 patto co avenue

Remarks,

healthy child

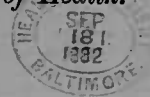
Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57291

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 74

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 12 1882

4. Place of Birth (Street and Number) 530 S. Face St

5. Full Name of Mother May Kelly

6. Mother's Maiden Name Reside

7. Mother's Birthplace City

8. Full Name of Father Anthony Kelly

9. Father's Occupation Glassblower

10. Father's Birthplace Breland

Name of Medical Attendant, or other Person who makes this Return. J. C. Bonds M.D.

Address 151 Hanover St

Remarks

correct Record of Vital Statistics in the City of Baltimore.

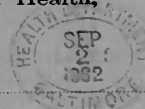
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57292

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 13th

4. Place of Birth, (Street and Number)

2058 Eutaw St

5. Full Name of Mother,

Martha Ellen Wyble Thormann

6. Mother's Maiden Name,

Martha Ellen Wyble

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John W Thormann

9. Father's Occupation,

Cementier

10. Father's Birthplace,

Hooden Germany

Name of Medical Attendant, or other Person who makes this Return

Rich McNeil

Address,

12 Avenue Hall

Remarks,

Katherine Munch M. Leadenhall

RETURN OF A BIRTH

57293

days
physical
children

Record of Vital Statistics in the City of Baltimore.

an, accoucheur, midwife, or other person in charge, who shall attend, assist or advise
child, within the City of Baltimore, shall report to the registrar aforesaid, within six days
directly the date of birth, sex, and color of the child or children born, its or their physical
if born or not, the full name, nativity, and residence of the parents, and the maiden
of such child or children.

RETURN OF A BIRTH, 57293

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth Aug. 13 1902
4. Place of Birth, (Street and Number) 946 Broadway
5. Full Name of Mother Late Martina
6. Mother's Maiden Name " "
7. Mother's Birthplace Balt.
8. Full Name of Father James D. ...
9. Father's Occupation Farm.
10. Father's Birthplace Cal. Co. Md.
- Name of Medical Attendant or other Person who _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

57293

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth Aug 8 1892
4. Place of Birth, (Street and Number) 947 Broadway Avenue
5. Full Name of Mother Late M. Carter
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas D. Thompson
9. Father's Occupation Farmer
10. Father's Birthplace Cal Co. Md
- Name of Medical Attendant, or other Person who makes this return. Edward M. Smith
- Address 674 Baltimore St
- Remarks _____

RETURN OF A BIRTH.

57294

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
Sex (state whether Male or Female). Male
Race or Color (if not of the white race) Colored
Date of Birth Aug 13 92
Place of Birth (Street and Number) 121 Chestnut Alley
Full Name of Mother Martha Gunning
Mother's Maiden Name "
Mother's Birthplace Inde
Full Name of Father "
Father's Occupation "
Father's Birthplace "
Name of Medical Attendant, or other Person who makes this Return. H F Hill M.D.
Address 443 Franklin St.
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57295

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third (3)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sunday 13th of August 1882*
4. Place of Birth (Street and Number) *# 5 Pearl St Chesnut alley*
5. Full Name of Mother *Eliza Snowden*
6. Mother's Maiden Name *Eliza Slater*
7. Mother's Birthplace *Friedrich County Md*
8. Full Name of Father *Albert Snowden*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Montgomery County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Sarah Smithers*
- Address *# 35 Little George St or George alley*
- Remarks

rect Record of Vital Statistics

That any physician, accoucheur, midwife, or other advise at the birth of any child, within the City of within six days thereafter, stating distinctly the date of born, its or their physical condition, whether still born of the parents, and the maiden-name of the mother of

4. Place of Birth (Street and Number) # 6 Pearl & Chestnut alley
 5. Full Name of Mother Eliza Snowden
 6. Mother's Maiden Name Eliza Clater
 7. Mother's Birthplace Frederick County Md
 8. Full Name of Father Albert Snowden
 9. Father's Occupation Waiter
 10. Father's Birthplace Montgomery County Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Smithers
- Address # 35 Little George St or George alley
- Remarks

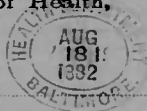
OFFICE RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57296

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 10th, 1892

4. Place of Birth, (Street and Number)

20 Garrett St.

5. Full Name of Mother,

Emeline Hellback

6. Mother's Maiden Name,

" Schwanebach

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Henry Hellback

9. Father's Occupation,

Liquor Dealer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Knott

Address,

328 Fourth Eutaw St.

Remarks,

Baltimore

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57297

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, August 13th 1892

4. Place of Birth, (Street and Number) #75 S Buzsundysky

5. Full Name of Mother, Louisa Wacker

6. Mother's Maiden Name, Tiemeyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Herman Wacker

9. Father's Occupation, Piano Tuner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Hook

Address 328 1/2 Front Entrance

Remarks Balto.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) white
 3. Date of Birth Aug 13th 1882
 4. Place of Birth (Street and Number) Eager st.
 5. Full Name of Mother Belle Phoebus
 6. Mother's Maiden Name _____
 7. Mother's Birthplace Balti
 8. Full Name of Father John Phoebus
 9. Father's Occupation Marine Finisher
 10. Father's Birthplace Balti
 Name of Medical Attendant, or other Person who makes this Return. Mr B. Billingsley
 Address 256 E Proctor st.
 Remarks _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth (6th)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 13th, 1882

4. Place of Birth, (Street and Number)

South East Cor. E. Monument and Bond Sts

5. Full Name of Mother,

Mrs. Mary Klingel Koffer

6. Mother's Maiden Name,

Miss Mary Horn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Mr. Henry Klingel Koffer

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Glendene M.D.

Address,

No. 102 North Broadway

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchéur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

GIVEN NAME ADDED 10-10-33
RETURN OF A BIRTH, 7301

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Rita Mary Helstine



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth August 13th 1882
 4. Place of Birth, (Street and Number) Peppers Farm Ave. near Brady Ave
 5. Full Name of Mother Annie Helstine
 6. Mother's Maiden Name Annie Row
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Asa Helstine
 9. Father's Occupation Butcher
 10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. John Morris M.D.
- Address 205 Franklin St.
- Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

57302

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 of august

4. Place of Birth, (Street and Number)

143 No Bond St

5. Full Name of Mother,

Mary

Waltzer

6. Mother's Maiden Name,

Mary

bridg

7. Mother's Birthplace,

Born in

Baltimo

8. Full Name of Father,

Jack

El

Waltzer

9. Father's Occupation,

Claster

10. Father's Birthplace,

Born in

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Miss Walter

Address,

125 No Carlinus

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57303

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Name of Child: Edward Taylor Boswell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 13th 1882

4. Place of Birth (Street and Number)

100 South Broadway

5. Full Name of Mother

Pollie E Boswell

6. Mother's Maiden Name

Brown

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Thomas T Boswell

9. Father's Occupation

Clerk

10. Father's Birthplace

Danville

Virginia

Name of Medical Attendant, or other Person who makes this Return

J. W. Catlett M.D.

Address

2 Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th 1882*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Aug 13th 1882*

4. Place of Birth (Street and Number) *117 S. Ann St*

5. Full Name of Mother *Mary Ann F. French*

6. Mother's Maiden Name *" Butler*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Thos French*

9. Father's Occupation *Clark*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Geo M. Ryan M.D.*

Address *17 McCalvert St*

Remarks

Check record of Child Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5/30/1

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 13th 1882

4. Place of Birth, (Street and Number)

61 S. Eutaw St.

5. Full Name of Mother,

Mary Grebb,

6. Mother's Maiden Name,

Schmitz

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Loius Grebb,

9. Father's Occupation,

Packer (Fruit)

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this return

R. J. H. Tall, M.D.

Address,

152 Sharp St.

Remarks,



correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17306

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 15 1881
4. Place of Birth, (Street and Number) No 65 Oregon St
5. Full Name of Mother, Emilia Shami
6. Mother's Maiden Name, Emilia Rutz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Shami
9. Father's Occupation, Miller
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Wm E Sumner
- Address, No 374 Sturges St
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5/307

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth, Brabury street

4. Place of Birth, (Street and Number) August 13th 1882

5. Full Name of Mother, Maria Bonds

6. Mother's Maiden Name, Maria Benson

7. Mother's Birthplace, Cambridge

8. Full Name of Father, William Bonds

9. Father's Occupation, Sailor

10. Father's Birthplace, Talbott county

Name of Medical Attendant, or other Person who makes this Return Mary Ann Dorsy

Address, 53 Perry street

Remarks, five dollars

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 13 1882

4. Place of Birth, (Street and Number)

232 Ann St

5. Full Name of Mother,

Alben Kellner

6. Mother's Maiden Name,

Cladie

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Kellner

9. Father's Occupation,

Sabrer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Knapp

Address,

236 Canton Ave

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 13th 1882

4. Place of Birth, (Street and Number)

188 Chappel St.

5. Full Name of Mother,

Margaretha Niemueller

6. Mother's Maiden Name,

Schreiner

7. Mother's Birthplace,

City

8. Full Name of Father,

Wm Niemueller

9. Father's Occupation,

Copper

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Kelly

Address,

120 Bank St.

Remarks,

“That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.”

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 13th 1882

4. Place of Birth, (Street and Number)

292 S Dallas St

5. Full Name of Mother.

Elizabeth Strobel

6. Mother's Maiden Name.

Lorenstein

7. Mother's Birthplace,

City

8. Full Name of Father.

James Strobel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

1200 Bank St.

Remarks,



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,.....

Aug. 13, 1882.

4. Place of Birth, (Street and Number)

424 Canton Ave.

5. Full Name of Mother,

Maggie V. Cook,

6. Mother's Maiden Name,

Gray.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

George Cook.

9. Father's Occupation,

Bookkeeper,

10. Father's Birthplace,.....

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

A. F. Esch M. J.

Address,

907 Park Ave.

Remarks,

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57512

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 13 1882*

4. Place of Birth, (Street and Number) *36 Argyle Avenue*

5. Full Name of Mother, *Mary Virginia Haswell*

6. Mother's Maiden Name, *Rae*

7. Mother's Birthplace, *Brock City*

8. Full Name of Father, *R. H. Haswell*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Brock City*

Name of Medical Attendant, or other Person who makes this Return *Marbury Brewin M.D.*

Address, *68 McCallum St.*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

57313

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
 1. Sex, (state whether male or female) 3 males
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, August the 13 1892
 4. Place of Birth, (Street and Number) 92 Vincent St Bal
 5. Full Name of Mother, Catherine Doyle
 6. Mother's Maiden Name, Catherine Shanley
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, Michael Doyle
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Ireland
 Name of Medical Attendant, or other Person who makes this Return Mrs J. McKelvey
 Address 242 Pratt St Bal
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57314

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 of August

4. Place of Birth, (Street and Number)

353 Central St

5. Full Name of Mother,

Katten Luber

6. Mother's Maiden Name,

Katten Krieger

7. Mother's Birthplace,

Born in Baltimore

8. Full Name of Father,

John Luber

9. Father's Occupation,

Taler

10. Father's Birthplace,

Born in Wharton

Name of Medical Attendant, or other Person who makes this Return

Miss Walter

Address,

125 No Carlino St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13 Day August*

4. Place of Birth, (Street and Number) *Mary J. Bond Street*

5. Full Name of Mother, *Mary Bichel*

6. Mother's Maiden Name, *Mary Kallstuck*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Bichel*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs Friedrich Kaufmann*

Address, *No 102 South Dallas Street*

Remarks, *Maid wife*

"That any physician, secondour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug. 13, 1882

4. Place of Birth, (Street and Number) 139 Johnson St. Balt. Md.

5. Full Name of Mother, Laura Beth.

6. Mother's Maiden Name, Laura Warner

7. Mother's Birthplace, Kent Co. Md.

8. Full Name of Father, Jas. F. Beth.

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash

Address, 107 Johnson Street Baltimore Md.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

57217

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Two (2nd)

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 14th 1882

4. Place of Birth, (Street and Number)

32 N. High St.

5. Full Name of Mother,

Maggie Freshline

6. Mother's Maiden Name,

" Doyle

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Andrew Freshline

9. Father's Occupation,

Hack Driver

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Winters

Address,

156 Harford Ave.

Remarks,

That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57318

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

~~White~~ ~~Female~~

3. Date of Birth,

14th August

4. Place of Birth, (Street and Number)

226 E. Lombert street

5. Full Name of Mother,

Rosy Faren

6. Mother's Maiden Name,

Dorffin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nickle Faren

9. Father's Occupation,

Working Man

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombert street

Remarks,

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57319

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 14 / 82

4. Place of Birth (Street and Number)

N. W. Schraeder & Lexington St

5. Full Name of Mother

Mary A Singleton

6. Mother's Maiden Name

Dubler

7. Mother's Birthplace

Balto

8. Full Name of Father

Wm. H. Singleton

9. Father's Occupation

Asst. Supt at Balto Jail

10. Father's Birthplace

Va

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address

39 N. Carey

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5732a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female)
- Race or Color, (if not of the white race)
- Date of Birth,
- Place of Birth, (Street and Number)
- Full Name of Mother,
- Mother's Maiden Name,
- Mother's Birthplace,
- Full Name of Father,
- Father's Occupation,
- Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st
male
white
Aug. 14/02
173 S. Warlington
Mary Boyd
Mary S. Brown
Portsmouth, Va.
Jas. W. Boyd
Clerk
Balt. City
R. W. Mansfield M.D.
117 S Broadway

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 14th 1882

4. Place of Birth, (Street and Number)

Baltimore Lot 2d. N^o. 63

5. Full Name of Mother,

Bertha M^{rs}. Gan

6. Mother's Maiden Name,

Jacobs.

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

George M^{rs}. Gan

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Washington

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o. 58 Parkin St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 14th 82*

4. Place of Birth, (Street and Number) *6 Greene St.*

5. Full Name of Mother, *Sophia Anderson*

6. Mother's Maiden Name, *Sophia Bouse*

7. Mother's Birthplace, *N.D.*

8. Full Name of Father, *Asa Anderson*

9. Father's Occupation, *Drum*

10. Father's Birthplace, *Med*

Name of Medical Attendant, or other Person who makes this Return *J. Miller M.D.*

Address, *188 Baughman St.*

Remarks.

City of Baltimore, Md. Certificate of Birth

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17323

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

SEP 2 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Born the 1st of August*

4. Place of Birth, (Street and Number) *South Balto Warner street 112*

5. Full Name of Mother, *Lizzie Hermann*

6. Mother's Maiden Name, *Deffenthal*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *Frederick H. Hermann*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Germany, in Baden*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Skimich*

Address, *112 Warner St*

Remarks,

RETURN OF A BIRTH

17324

Baltimore, August 16, 1892

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17324

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *The Child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 14, 1892*
4. Place of Birth, (Street and Number) *Eastern Ave. 1296*
5. Full Name of Mother, *Sarah Williamson*
6. Mother's Maiden Name, *Sarah Withen*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Williamson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*
Address, *1296 Eastern Ave.*

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *6th Child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 14, 1892*
4. Place of Birth, (Street and Number) *S. Caroline St. 17 143*
5. Full Name of Mother, *Madeline Blessing*
6. Mother's Maiden Name, *Madeline Frostburg*
7. Mother's Birthplace, *Walden, Wis.*
8. Full Name of Father, *Simon Blessing*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Heidelberg, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address, *6 Galles St. N.E. 26*

Remarks, _____

RETURN OF A BIRTH 57326

advise
days
physical
maiden

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, *57326*

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth *August 14th 1882*
 4. Place of Birth, (Street and Number) *551 Light St.*
 5. Full Name of Mother *Annie Frechbach*
 6. Mother's Maiden Name *Annie Guckups*
 7. Mother's Birthplace *Germany*
 8. Full Name of Father *Ernst Frechbach*
 9. Father's Occupation *cigar Maker*
 10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Katherine Kormanig*
- Address *No 18 Byrd St.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition. Whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

SEP.
2
1882

Dr. J. M. King
1 Second Street N.E.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57328

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth Born on the 14th of August, 1882

4. Place of Birth, (Street and Number) 117 Lenox St.

5. Full Name of Mother Barbara Fenschert

6. Mother's Maiden Name B. Schubach

7. Mother's Birthplace Born in Wunstorf, Germany

8. Full Name of Father August Fenschert

9. Father's Occupation Worker

10. Father's Birthplace Born in Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return Miss Miller

Address 1017 W. Bath St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57329

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG
15
1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One female
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) Colored Race
Date of Birth, Aug 14 1882
Place of Birth, (Street and Number) 130 Dearborn St
Full Name of Mother, Joannice Michel
Mother's Maiden Name, Joannice Benson
Mother's Birthplace, Virginia
Full Name of Father, Mathias Michel
Father's Occupation, Stevedore
Father's Birthplace, Virginia
Name of Medical Attendant, or other Person who makes this Return, Elizabeth W. Woodard
Address, 130 N. Bay State
Remarks,

Corrected record of vital statistics in the City of Baltimore.
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 14 1892*

4. Place of Birth, (Street and Number) *265 S. Bond St.*

5. Full Name of Mother, *Sophia Stumff*

6. Mother's Maiden Name, *Sophia Secker*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Stumff*

9. Father's Occupation, *Beer Brewer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes the return *Mrs. Mary Amend.*

Address, *No. 137 S. Wolfe St.*

Remarks, *At*

* correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *7331*

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first.*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *14th day of August 1882*
4. Place of Birth, (Street and Number) *127 N. Bond St.*
5. Full Name of Mother, *Katherine ~~Wills~~ Schuchardt*
6. Mother's Maiden Name, *Katherine Wills*
7. Mother's Birthplace, *in Hsa. Huesen. Germany*
8. Full Name of Father, *Henry Schuchardt*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *in Hsa. Huesen Germany*
- Name of Medical Attendant, or other Person who makes this Return *W. Mammel Midwife*
- Address, *Emser street 64*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57332

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Male
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 14 1882

4. Place of Birth, (Street and Number)

383 E Pratt St

5. Full Name of Mother,

Sarah Adler
Sarah Schoenberg
City

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Louis Adler
Merchant

9. Father's Occupation,

10. Father's Birthplace,

City
St Louis MO

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 14 1882*

4. Place of Birth, (Street and Number) *70 Saratoga St*

5. Full Name of Mother, *Miss Galt*

6. Mother's Maiden Name, *Miss Conrad*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Galt*

9. Father's Occupation, *Shoe maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Wm A Marshall*

Address, *305 Pennsylvania Ave*

Remarks.

Original records of vital statistics are the property of the State.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1734

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 14 1892

4. Place of Birth, (Street and Number)

45 Warren Avenue

5. Full Name of Mother,

Leonora A. Thomas

6. Mother's Maiden Name,

Leonora A. Silenci

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Wm. Thomas

9. Father's Occupation,

Food Dealer

10. Father's Birthplace,

Cecil Co Md

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooke M.D.

Address.

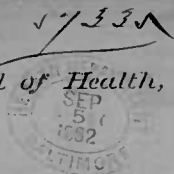
146 Hancock St

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
 1. Sex, (state whether male or female) *Male.*
 2. Race or Color, (if not of the white race) *White.*
 3. Date of Birth, *August 14th; 8:40 P.M.*
 4. Place of Birth, (Street and Number) *# 257 Columbia Ave.,*
Minnie Muester.
 5. Full Name of Mother, *Weaver.*
 6. Mother's Maiden Name, *Balto. City.*
 7. Mother's Birthplace, *Edward Muester.*
 8. Full Name of Father, *Driver.*
 9. Father's Occupation, *Balto. City.*
 10. Father's Birthplace, *Will & Ida Muester*
 Name of Medical Attendant, (or other Person who takes this Return.)
 Address, *N. E. Cor. Columbia Ave. & Fremont Street.*
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 14th 1882

4. Place of Birth, (Street and Number)

8 N. Wolf st

5. Full Name of Mother,

Barbara Folit

6. Mother's Maiden Name,

" Ochs

7. Mother's Birthplace,

Valentine Fieit

Germany

8. Full Name of Father,

Barbora

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

126 Bank st

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17337

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first female

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 14/82
34 Camden St

4. Place of Birth (Street and Number)

5. Full Name of Mother

Annie Shane
" Craver

6. Mother's Maiden Name

7. Mother's Birthplace

Balto

8. Full Name of Father

Warren Shane

9. Father's Occupation

Electrician finisher

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Charlotte A Lewis

Address

162 H Avenue S

Remarks

RETURN OF A BIRTH 17338

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 6th Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 10 1889

4. Place of Birth, (Street and Number) Eastern Ave. 1987

5. Full Name of Mother, Margaret Brock

6. Mother's Maiden Name, Margaret Miller

7. Mother's Birthplace, N. York, West. Waterbury, Conn.

8. Full Name of Father, George Brock

9. Father's Occupation, Baker

10. Father's Birthplace, Lange Gr. House, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, 1501 S. 1st St. 12

Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 15, 1892

4. Place of Birth, (Street and Number)

1. Dallas St. 1st Lot

5. Full Name of Mother,

Margaretta Rensel

6. Mother's Maiden Name,

Margaretta Seba

7. Mother's Birthplace,

Ingersbach, Gr. Hessen, Germany

8. Full Name of Father,

Wilhelm Rensel

9. Father's Occupation,

Librarian

10. Father's Birthplace,

Naichen, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return

Mary E. Miller

Address,

1. Dallas St. 1st Lot

Remarks,

RETURN OF A BIRTH

17340

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57340

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15th

4. Place of Birth, (Street and Number) No. 49 Central Ave.

5. Full Name of Mother, Katherine Hensel

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Hensel

9. Father's Occupation, Tavern

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 70 Granby St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57341

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG
18
1902

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleven
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth August 19th 1899
4. Place of Birth, (Street and Number) 228 Johnson St
5. Full Name of Mother Lena Buchiet
6. Mother's Maiden Name Lena Feltes
7. Mother's Birthplace Germany
8. Full Name of Father Peter Buchiet
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs J. Starnall and wife
- Address 317 Fort Avenue
- Remarks mother and babe doing well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1742

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Aug 15 1892

4. Place of Birth, (Street and Number)

118 S. Reservoir St

5. Full Name of Mother,

Mary E. Johnson

6. Mother's Maiden Name,

" " Street

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William B. Johnson

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Amesbury, Co. Mass

Name of Medical Attendant, or other Person who makes this Return

J. L. Vickrey

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57343

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 15 1892

4. Place of Birth, (Street and Number)

114 Burgundy Alley

5. Full Name of Mother,

Mary Fink Packer

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Hannover Germany

8. Full Name of Father,

Wm. Fink

9. Father's Occupation,

Cigar Packer

10. Father's Birthplace,

Hannover Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Korch

Address.

328 South Euterpe Baltimore

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ✓/344

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

First (1882)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 15th, 1882

4. Place of Birth, (Street and Number)

No. 333 Orleans Street

5. Full Name of Mother,

Mrs. Olivia S. Rever

6. Mother's Maiden Name,

Mrs. Olivia J. Gruttkhanks

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. William J. Rever

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes the Return

Mrs. H. Glendinning M.D.

Address,

No. 102 N. Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 15 11

4. Place of Birth, (Street and Number) No 162

5. Full Name of Mother, Mrs Rose Goldsmith

6. Mother's Maiden Name, Goldner

7. Mother's Birthplace, Germany

8. Full Name of Father, Jacob Goodman

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Iselye

Address, No 35 S. Bond St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17346

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6
~~Male~~ Male

1. Sex, (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth,

15th August

4. Place of Birth, (Street and Number)

74 Canale street

5. Full Name of Mother.

Mary Whaner

6. Mother's Maiden Name.

Downer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Whaner

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Sumner street

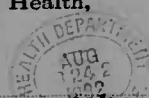
Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57347

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *2nd 3rd*
1. Sex, (state whether male or female) *(1 Male 1 Female) Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *15 August*
4. Place of Birth, (Street and Number) *119 Barris St*
5. Full Name of Mother, *Annie Kinnlich*
6. Mother's Maiden Name, *" Sister Jimmie*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Albert Kinnlich*
9. Father's Occupation, *Schismar*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Carl Guggenbohn M.D.*
- Address, *16. S. Dacan St.*
- Remarks,

57348

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 August 1882

4. Place of Birth, (Street and Number) Balto. Duncan St No

5. Full Name of Mother, Barbara Dudak

6. Mother's Maiden Name, B. Scollashak

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos. Dudak

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Propert

Address 69 W. Washington St

Remarks, Mary Propert

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

White

3. Date of Birth,

August 16th 1892

4. Place of Birth, (Street and Number)

67 Battery av.

5. Full Name of Mother,

Lizzie Montgomery

6. Mother's Maiden Name,

Lizzie Carmichael

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Montgomery

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

E. W. Alden M.D.

Address,

135 Sandwell

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August 15, 1882

4. Place of Birth, (Street and Number)

402 E. Baltimore St.

5. Full Name of Mother,

Louisa Messer

6. Mother's Maiden Name,

Louisa Hilshien

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Messer

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Wm. A. Meser

Address,

145 Penn St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5/351

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Aug. 15th 1882.

4. Place of Birth, (Street and Number) 6 Henrietta St.

5. Full Name of Mother, Willie Anna Woods.

6. Mother's Maiden Name, " " Maith.

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Chas Woods.

9. Father's Occupation, Driver.

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, R. J. N. Tall. M.D.
or other Person who makes this Return

Address, 152 Sharp. St.

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

August 13/32

515 W. Lombard St.

Catharine Brooks

Butler

Baltimore

Marcell Brooks

Police-man

Ireland

H. J. Spearman

387 W. Lombard St.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57353

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth August 16, 1882

4. Place of Birth (Street and Number) No Harford ave, nr. Townsend st

5. Full Name of Mother Emma V. Kraft.

6. Mother's Maiden Name Emma V. Sommerville.

7. Mother's Birthplace Baltimore.

8. Full Name of Father Walter H. Kraft.

9. Father's Occupation Street railway Conductor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Aug. R. Clewell M.D.

Address 1548 Harford Avenue

Remarks Child well developed & healthy.

RETURN OF A BIRTH 57354

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57354

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, 16 of August
4. Place of Birth, (Street and Number) Clarrist Alley no 8
5. Full Name of Mother, Jessie Elaine Brainer
6. Mother's Maiden Name, McSherry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Brainer
9. Father's Occupation, carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return D. Wilson
- Address, road St 30098
- Remarks,

Wm. J. C. DULANEY & CO., CITY PRINTERS AND STATISTICIANS

RETURN OF A BIRTH

57355

or
child,
ren
ence

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57356

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second 2nd*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 16th 92

4. Place of Birth, (Street and Number)

No 79 E Pratt St

5. Full Name of Mother

Kate Thierkel

6. Mother's Maiden Name,

Kate Crane

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. W. C. Thierkel

9. Father's Occupation,

Lumber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. S. Tabacow

Address,

No. 28 E. Linn St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 10 1892*
4. Place of Birth, (Street and Number) *120 North St*
5. Full Name of Mother, *Louise Wilson*
6. Mother's Maiden Name, *Louise Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Wilson*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *J. J. J. J. J.*
or other Person who makes this Return
- Address, *1034 North St*
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

57358



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first
female
colored

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 16, 1882
117 Davidhill Co.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Sophia Kelly
Sophia Lewis
Lancaster Co. Va.

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Joseph Kelly
Driver

9. Father's Occupation

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

John J. Litter M.D.
160 Paratoga st.

Address

Remarks

RETURN OF A BIRTH

57359

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

57359



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 16th 1882

4. Place of Birth (Street and Number)

1901 Dover

5. Full Name of Mother

Mary Weaver

6. Mother's Maiden Name

do Decker

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Alois Weaver

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Jno H. Smith

Address

281 S. Charles St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5736a

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 16, 1882*
4. Place of Birth (Street and Number) *70 Dayson St*
5. Full Name of Mother *Mary Baldwin*
6. Mother's Maiden Name *Mary Morrow*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Baldwin*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return. *P. F. Phillips M.D.*
- Address *327 W. Lombard St*
- Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

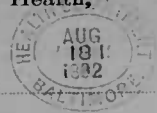
Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 16th 1892
115 Conway St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Louisa Jones
Force

6. Mother's Maiden Name,

7. Mother's Birthplace,

New York State
Minkell Jones

8. Full Name of Father,

Edgar Mather

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Manly K. K.

Address.

328 East E. St.
Baltimore

Remarks,

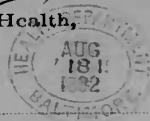
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating affirmatively the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57365

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 16th 1882

4. Place of Birth, (Street and Number)

1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, 61, 63, 65, 67, 69, 71, 73, 75, 77, 79, 81, 83, 85, 87, 89, 91, 93, 95, 97, 99, 101, 103, 105, 107, 109, 111, 113, 115, 117, 119, 121, 123, 125, 127, 129, 131, 133, 135, 137, 139, 141, 143, 145, 147, 149, 151, 153, 155, 157, 159, 161, 163, 165, 167, 169, 171, 173, 175, 177, 179, 181, 183, 185, 187, 189, 191, 193, 195, 197, 199, 201, 203, 205, 207, 209, 211, 213, 215, 217, 219, 221, 223, 225, 227, 229, 231, 233, 235, 237, 239, 241, 243, 245, 247, 249, 251, 253, 255, 257, 259, 261, 263, 265, 267, 269, 271, 273, 275, 277, 279, 281, 283, 285, 287, 289, 291, 293, 295, 297, 299, 301, 303, 305, 307, 309, 311, 313, 315, 317, 319, 321, 323, 325, 327, 329, 331, 333, 335, 337, 339, 341, 343, 345, 347, 349, 351, 353, 355, 357, 359, 361, 363, 365, 367, 369, 371, 373, 375, 377, 379, 381, 383, 385, 387, 389, 391, 393, 395, 397, 399, 401, 403, 405, 407, 409, 411, 413, 415, 417, 419, 421, 423, 425, 427, 429, 431, 433, 435, 437, 439, 441, 443, 445, 447, 449, 451, 453, 455, 457, 459, 461, 463, 465, 467, 469, 471, 473, 475, 477, 479, 481, 483, 485, 487, 489, 491, 493, 495, 497, 499, 501, 503, 505, 507, 509, 511, 513, 515, 517, 519, 521, 523, 525, 527, 529, 531, 533, 535, 537, 539, 541, 543, 545, 547, 549, 551, 553, 555, 557, 559, 561, 563, 565, 567, 569, 571, 573, 575, 577, 579, 581, 583, 585, 587, 589, 591, 593, 595, 597, 599, 601, 603, 605, 607, 609, 611, 613, 615, 617, 619, 621, 623, 625, 627, 629, 631, 633, 635, 637, 639, 641, 643, 645, 647, 649, 651, 653, 655, 657, 659, 661, 663, 665, 667, 669, 671, 673, 675, 677, 679, 681, 683, 685, 687, 689, 691, 693, 695, 697, 699, 701, 703, 705, 707, 709, 711, 713, 715, 717, 719, 721, 723, 725, 727, 729, 731, 733, 735, 737, 739, 741, 743, 745, 747, 749, 751, 753, 755, 757, 759, 761, 763, 765, 767, 769, 771, 773, 775, 777, 779, 781, 783, 785, 787, 789, 791, 793, 795, 797, 799, 801, 803, 805, 807, 809, 811, 813, 815, 817, 819, 821, 823, 825, 827, 829, 831, 833, 835, 837, 839, 841, 843, 845, 847, 849, 851, 853, 855, 857, 859, 861, 863, 865, 867, 869, 871, 873, 875, 877, 879, 881, 883, 885, 887, 889, 891, 893, 895, 897, 899, 901, 903, 905, 907, 909, 911, 913, 915, 917, 919, 921, 923, 925, 927, 929, 931, 933, 935, 937, 939, 941, 943, 945, 947, 949, 951, 953, 955, 957, 959, 961, 963, 965, 967, 969, 971, 973, 975, 977, 979, 981, 983, 985, 987, 989, 991, 993, 995, 997, 999

5. Full Name of Mother,

Lizzie Waller

6. Mother's Maiden Name,

Do. Thomas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alex Waller

9. Father's Occupation,

Hotel Keeper

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Kork

Address,

328 South Eutaw St

Remarks,

Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

17364

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 16 1882

4. Place of Birth, (Street and Number)

Eden
City

Heilant St
Bond

5. Full Name of Mother,

City

Greenwald

6. Mother's Maiden Name,

Greenwald

7. Mother's Birthplace,

Wily

Bond

8. Full Name of Father,

Labor

9. Father's Occupation,

Business

10. Father's Birthplace,

Mrs E. Gray

Name of Medical Attendant, or other Person who makes this return

Address,

193 Chester St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7365

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

Aug

16 1882

442

Carnton

Av

Lina

Hammer

Lina

Hammer

Germany

Germany

Hammer

Cooper

Germany

Miss E. May

193

Chesler

St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57366

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, No. 67 Battery Avenue
4. Place of Birth, (Street and Number) Aug. 13. 1882.
5. Full Name of Mother, Lizzie Montgomery.
6. Mother's Maiden Name, Lizzie Carhines.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Wm. Montgomery.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore.
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Kash.
- Address, 187 Johnson St. Baltimore Md.
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

23rd

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16 August

4. Place of Birth, (Street and Number)

Central Avenue

5. Full Name of Mother,

Alice H. Schaefer

6. Mother's Maiden Name,

Alice Boucker

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

William Schaefer

9. Father's Occupation,

Printer

10. Father's Birthplace,

Maryland

Name of Medical Attendant,

or other Person who makes this Return

Anna Walker 239

Address,

239 E. Eager Street

Remarks,

"That any physician, seconchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
 1. Sex, (state whether male or female) *Female.*
 2. Race or Color, (if not of the white race) *White.*
 3. Date of Birth, *Aug 16th 1882.*
 4. Place of Birth, (Street and Number) *58 Jefferson Place, Baltmd*
 5. Full Name of Mother, *Mary Irene King.*
 6. Mother's Maiden Name, *" Thomas.*
 7. Mother's Birthplace, *Maryland (Balt. Co.)*
 8. Full Name of Father, *Thomas A. King.*
 9. Father's Occupation, *Minister of Gospel.*
 10. Father's Birthplace, *Maryland.*
 Name of Medical Attendant, or other Person who makes this Return *A. C. Fox, M.D.*
 Address *506. W. Fayette St.*
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16 August

4. Place of Birth, (Street and Number)

Washington Street No 98

5. Full Name of Mother,

Anna Sand Kuler

6. Mother's Maiden Name,

" " Fischer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Sand Kuler

9. Father's Occupation,

Birbener

10. Father's Birthplace,

Prussia

Name of Medical Attendant,

or other Person who makes this Return

Address,

John M. Maudslayi

Remarks,

at Lombard Street No 278



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Sec. 11.

Female

White

August 16th 1882

Baltimore City & P.

Mary Catherine Cooley

Mary Catherine Richardson

Shelton, Va.

Midway Cooley

Labour.

Baltimore

Mrs. M. G. Cooley

X 324 Light St

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 16, 1882

4. Place of Birth, (Street and Number)

Fort Av. Home not entered

5. Full Name of Mother,

Louisa Schmetten

6. Mother's Maiden Name,

Louisa Beck.

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Philip Schmetten

9. Father's Occupation,

10. Father's Birthplace,

Maryland

Name of Medical Attendant,

or other Person who makes this Return

J. B. Wiley

M.D.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57572

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ male or female)

2. Race or Color (~~if not~~ of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 16th 1882
190 Potomac Ave.
Mary M. Delitt.
Mary M. Delitt
Baltimore City
Alexander S. Delitt
Painter
Baltimore City
John S. Delitt
273 W Lexington St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

August 16th 1882

4. Place of Birth, (Street and Number)

No 10 East St

5. Full Name of Mother.

Mary Doering

6. Mother's Maiden Name.

" Mayers

7. Mother's Birthplace,

City

8. Full Name of Father,

Martin Doering

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 16th 1882

4. Place of Birth, (Street and Number)

153 Madeline alley.

5. Full Name of Mother,

Eva Bartel

6. Mother's Maiden Name,

" Dressel.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Felix Bartel
Laborer

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Reitz
120 Bank St.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

2 Birth
Girl
14 Sept

5 Bank Street No 154

Katho Dengler

" " Horgel

Baltimore

Edmund Dengler

Hammer

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Wm Maue

Address,

881 Lombard Street No 248.

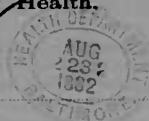
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57376

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 August
4. Place of Birth, (Street and Number) 27 Carter street
5. Full Name of Mother, Rayline Redcliff
6. Mother's Maiden Name, Dobler
7. Mother's Birthplace, Balt.
8. Full Name of Father, Samuel Redcliff
9. Father's Occupation, Printer
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa A. Gilling
49 S. Calvert st

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 d child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *august 16 th*
4. Place of Birth, (Street and Number) *no 101 hill st*
5. Full Name of Mother, *charity johnson*
6. Mother's Maiden Name, *charity hinson*
7. Mother's Birthplace, *st. mary county*
8. Full Name of Father, *henry johnson*
9. Father's Occupation, *water*
10. Father's Birthplace, *calvert county*
- Name of Medical Attendant, or other Person who makes this Return *mrs Lydia Porter*
- Address, *no 4 patpsco avenue*
- Remarks, *healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17378

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth August 16 1889
4. Place of Birth, (Street and Number) 14 Irving Place
5. Full Name of Mother Ella Banks
6. Mother's Maiden Name Ella Richards
7. Mother's Birthplace Lumbersland Md
8. Full Name of Father Charles ~~Richards~~ Banks
9. Father's Occupation Manufacturer of Cotton Goods
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mary Conner 158
- Address Collington Avenue Baltimore Md
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17379

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 16th 1882

4. Place of Birth, (Street and Number)

Baltimore No. 16 Henry St. W. 60

5. Full Name of Mother,

Hannie Murphy

6. Mother's Maiden Name,

Edelman

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Murphy

9. Father's Occupation,

Expressman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 28 Parkin St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57380

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

Aug 16th 1882

4. Place of Birth. (Street and Number)

N. 368 Hanover st

5. Full Name of Mother

Fanny Eckardt

6. Mother's Maiden Name.

Rigans

7. Mother's Birthplace.

America
Charles Eckardt

8. Full Name of Father.

Carpenter

9. Father's Occupation.

10. Father's Birthplace.

Amerika
J. Lohwasser midwife
337 Hanover st.

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57581

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 16 1882*

4. Place of Birth, (Street and Number) *Baltimore 60*

5. Full Name of Mother, *Mary E. Duvall*

6. Mother's Maiden Name, *Mary E. Badel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas W. Duvall*

9. Father's Occupation, *Labourer Washington D.C.*

10. Father's Birthplace, *Washington D.C.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. M. Shaffer*

Address, *114 Ridgely St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1738

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

16th of August.

4. Place of Birth, (Street and Number)

49 Preston St.

5. Full Name of Mother,

Mary Hale

6. Mother's Maiden Name,

Connelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Hale

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

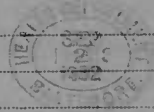
Name of Medical Attendant, or other Person who makes this Return

Charlotte Brasby

Address.

369 Cathedral St.

Remarks.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17382

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *16 August 1882*

4. Place of Birth, (Street and Number) *W Fayette St. 186*

5. Full Name of Mother, *Maria Rohmeyer*

6. Mother's Maiden Name, *Maria Roether*

7. Mother's Birthplace, *Bremen*

8. Full Name of Father, *Ernst Rohmeyer*

9. Father's Occupation, *Lithographer*

10. Father's Birthplace, *Bremen*

Name of Medical Attendant, or other Person who makes this Return *A. F. Reinhard*

Address, *224 West Fayette Street*

Remarks,

W. J. C. DULANEY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 17382

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(3) "

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 16th 1882

4. Place of Birth, (Street and Number)

227 South Anna Street

5. Full Name of Mother,

Mary Jane Kues

6. Mother's Maiden Name,

Mary Jane Dunnigan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrick Kues

9. Father's Occupation,

Forman in Gun Shop

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

1012 Patterson Park

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2d son of father
 Male
 White
 Jan 16th Jan August 1882
 Parsonage W. No. 32
 Rozalin Proctor
 Rozalin Goffak
 Baltimore
 Taniel Goffak
 Surgeon
 Baltimore
 Laborman
 Tania W. W. Bond W. No. 328
 Baltimore Jan 22 August 1882

Given Name Added 9-15-50

RETURN OF A BIRTH

57386

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2da Bombach

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 17, 1883

4. Place of Birth, (Street and Number)

Baltimore City, 499 Fremont

5. Full Name of Mother,

Christena Bombach

6. Mother's Maiden Name,

Christina Raff

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Thomas Bombach

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Dr. J. S. Henshaw

Address,

407 Linden Hall & Montgomery St

Remarks,

RETURN OF A BIRTH

57387

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17 August*
4. Place of Birth, (Street and Number) *230 E. Lombard St.*
5. Full Name of Mother, *Kate Kirchner*
6. Mother's Maiden Name, *Kate Smith*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Edward Kirchner*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Dr. Wm. M. Mearns*
Address, *124 N. E. St.*
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17388

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
 1. Sex, (state whether male or female) *2 males*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *August the 17 1882*
 4. Place of Birth, (Street and Number) *32 parish St Bal*
 5. Full Name of Mother, *Katherine Reid*
 6. Mother's Maiden Name, *Katherine Weibert*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Herdimann W. Reid*
 9. Father's Occupation, *Car Keeper*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, *Mrs S Keller*
 Address, *792 Pratt St Bal*
 Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CERTIFICATE CORRECTED 3-10-49

RETURN OF A BIRTH 17389

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Name: *Raphael Kinnaird*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

(Female) Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

17 August 1882

4. Place of Birth, (Street and Number)

Marion (Harrison) Street 45

5. Full Name of Mother,

Janette (Kinnaird) Kinnaird

6. Mother's Maiden Name,

Janette Miles

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Raphael (Kinnaird) Kinnaird

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

A. F. Kinnaird

Address,

224 West Fayette Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57390

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 G. children*
1. Sex, (state whether male or female) *male Chas. B. Pearman*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Aug. 17, 1882*
4. Place of Birth, (Street and Number) *No. 49 East Avenue Ball. Md.*
5. Full Name of Mother, *Rosetta Pearman*
6. Mother's Maiden Name, *Rosetta Craig*
7. Mother's Birthplace, *Dorchester Co.*
8. Full Name of Father, *A. L. Pearman*
9. Father's Occupation, *Stevordr.*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Arch*
- Address, *127 Johnson St. Baltimore Md.*
- Remarks,



WM. J. C. OULAHY & CO., CITY PRINTING AND STATIONERS

RETURN OF A BIRTH

17391

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, whether born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17391

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White.

August 17th 1882.

25 Granby St.

Isabella Margaret M. Cormick

Isabella M. Miller

Baltimore City Md.

Thomas Kirk M. Cormick

Clerk

Baltimore City Md.

Nicholas L. Dashiell, M.D.

207 E. Broadway

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Female Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 17 1892

4. Place of Birth, (Street and Number)

107 High St

5. Full Name of Mother,

Lizzie Schneider

6. Mother's Maiden Name,

Beck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Beck

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sophia Simon

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Aug 17th 1882*
4. Place of Birth (Street and Number) *Balto Hamburg St No 38*
5. Full Name of Mother *Alice Dorsey*
6. Mother's Maiden Name *Alice Dorsey*
7. Mother's Birthplace *A A County Md*
8. Full Name of Father *Henry Boston*
9. Father's Occupation *Walter*
10. Father's Birthplace *Balto city*
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks *Dr Francis Granby*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57394

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug 17/82.

4. Place of Birth, (Street and Number)

306 Hollins St.

5. Full Name of Mother

Eliza B. Biggs

6. Mother's Maiden Name

Bateman

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Richard B. Biggs

9. Father's Occupation

Clerk

10. Father's Birthplace

Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this return.

H. A. Fetherhoff M.D.

Address

205 W. Baltimore St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57391

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug 17*
4. Place of Birth (Street and Number) *53 Madison St*
5. Full Name of Mother *Margaret Letzger*
6. Mother's Maiden Name *Spitzner*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Maxim Letzger*
9. Father's Occupation *Tanner*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Carter*
- Address *54 Madison St*
- Remarks

57391

rect Record of Vital Statistics in the City of Baltimore.

That any physician, ecconchaur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57396

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

August 17

4. Place of Birth (Street and Number)

89 Broadway

5. Full Name of Mother

Barbara S. Carroll

6. Mother's Maiden Name

Carroll

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James S. Carroll

9. Father's Occupation

carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Henry B. Carroll

Address

59 Broadway

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, standing distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2 Birth*
1. Sex, (state whether male or female) *Boi*
2. Race or Color, (if not of the white race) *Wid*
3. Date of Birth, *17 Aug 1892*
4. Place of Birth, (Street and Number) *Flint Street No 250*
5. Full Name of Mother, *L Barbara Vogel*
6. Mother's Maiden Name, *" " Wilkes*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Vogel*
9. Father's Occupation, *Super*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mr. Maudsl
at Lombard Street. No 278

Return of a Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *white*

3. Date of Birth *Aug 17th 1892*

4. Place of Birth (Street and Number) *47 Green Mount Avenue*

5. Full Name of Mother *Mary Ella Owens*

6. Mother's Maiden Name *a ? a ; Neville*

7. Mother's Birthplace *Mattituan*

8. Full Name of Father *James Gralsen Owens*

9. Father's Occupation *Produce Dealer*

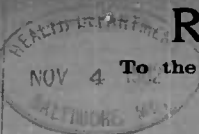
10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Geo. H. Rogers M.D.*

Address *171 N. Calvert St*

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH

57399

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 17, 1882

4. Place of Birth, (Street and Number)

48 Guilford Ave

5. Full Name of Mother.

Mary Carberry

6. Mother's Maiden Name,

"Randall

7. Mother's Birthplace,

Balto-

8. Full Name of Father,

Richard Carberry

9. Father's Occupation,

Laid Refiner

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

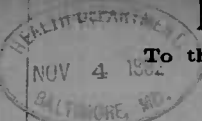
W. H. White, M.D.

Address,

247 N. Broadway

Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH

57400

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 17, 1882

4. Place of Birth, (Street and Number) 109 N. Wolfe St

5. Full Name of Mother, Virginia Hite

6. Mother's Maiden Name, Block

7. Mother's Birthplace, Balto City

8. Full Name of Father, Jacob Hise

9. Father's Occupation, Ink Dealer

10. Father's Birthplace, Austria

Name of Medical Attendant, or other Person who makes this Return M. White, M.D.

Address, 34 N Broadway

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *57401*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *17 August*
4. Place of Birth, (Street and Number) *Acourt paint cookers street 20*
5. Full Name of Mother, *Mrs. Nettie Carter*
6. Mother's Maiden Name, *Nettie Evans*
7. Mother's Birthplace, *Irish*
8. Full Name of Father, *James Carter*
9. Father's Occupation, *Coal man*
10. Father's Birthplace, *England*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Margaret Little*
- Address
- Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57402

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 17th 1892

4. Place of Birth, (Street and Number) 1620 W. 1st St

5. Full Name of Mother, Jane Butler

6. Mother's Maiden Name, Lou Thellinger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Barth Butler

9. Father's Occupation, Waxmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return E. J. Jones

Address, 114 E. Federal St

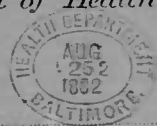
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57403

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *August 17th*
 4. Place of Birth, (Street and Number) *Bethel street 139*
 5. Full Name of Mother, *Ida Harris*
 6. Mother's Maiden Name, *Cooper*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Charles Harris*
 9. Father's Occupation, *Coachman*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other Person who makes this return *Hannah Knowles*
 Address, *136 S Caroline street*
 Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 August

4. Place of Birth, (Street and Number)

50 St. Patterson Park Av.

5. Full Name of Mother,

Barbara Klingelhorfer

6. Mother's Maiden Name,

Frederick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob Klingelhorfer

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. Henry

Address,

No. 12 Patterson Park

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7405

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 17

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Skillsman

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

CITY PRINTING AND STATISTICS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother...

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

11
First Child

Male

White

14th August

No. 1 Church St

Anna M. C. Gentry

Anna Wick

Balt.

Martin M. C. Gentry

Labourer

Balt.

Dakota Gruber

1128 Madison



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 August 1882

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁵⁷⁴⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if nat of the white race) Caucasian
3. Date of Birth, August 17
4. Place of Birth, (Street and Number) No. 511 W. Channing St. Allen
5. Full Name of Mother, Mary Jones
6. Mother's Maiden Name, Mary Coleman
7. Mother's Birthplace, Friedrichsburg, Va.
8. Full Name of Father, Benjamin Jones
9. Father's Occupation, Seamster
10. Father's Birthplace, Friedrichsburg, Va.
- Name of Medical Attendant, or other person who makes this Return. Amos Johnson
- Address, Amos Johnson St.
- Remarks,

"That any physician, accouchement, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th
Female

White

August 17th 1882

1807 1/2 St. Paul St

J. W. Ramsey

J. W. Corley

Virginia

W. A. Ramsey

Engineer

D. C.

J. W. Miltner

121 N. Howard St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57410

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 17 - 1882
N. of 297 S. Charles
Sarah Johnson

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father.

Right -
Mary Keppel
John Johnson
Both born in America.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J. Schwaeser midwife
330 Hanover St.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57411

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, August 18th 1882

4. Place of Birth, (Street and Number) 100 Perry Street

5. Full Name of Mother, Fannie Harris

6. Mother's Maiden Name, Fannie Linn

7. Mother's Birthplace, Richmond, Va.

8. Full Name of Father, Charlie Harris

9. Father's Occupation, Cook

10. Father's Birthplace, St. Mary's County

Name of Medical Attendant, or other Person who makes this Return Mary Ann Drury

Address, 100 Perry Street

Remarks, five dollars

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57412

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 18-1882* # *11* *Camden St.*

4. Place of Birth, (Street and Number) *# 11 Camden St.*

5. Full Name of Mother, *Maggie Steinberg*

6. Mother's Maiden Name, *Danish*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Steinberg*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Manfred*

Address, *328 South Calver St.*

Remarks, *Falt*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57413

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 18th 1882.*
4. Place of Birth, (Street and Number) *109. St Stricker St.*
5. Full Name of Mother, *Mary Morrison*
6. Mother's Maiden Name, *Mary Thornley.*
7. Mother's Birthplace, *England*
8. Full Name of Father, *James Morrison*
9. Father's Occupation, *Book-keeper*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *A. C. Fox, M.D.*
Address, *506. W. Fayette Street*
Balts. Md.
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG
1892

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57416

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Aug 18th 8.45 P.M.*
4. Place of Birth (Street and Number) *54 Penn ally*
5. Full Name of Mother *Annie Gillispie*
6. Mother's Maiden Name *Smith*
7. Mother's Birthplace *Larwin Co Va.*
8. Full Name of Father *Joseph Gillispie*
9. Father's Occupation *Farmer*
10. Father's Birthplace *Larwin Co Va.*
- Name of Medical Attendant, or other Person who makes this Return. *Elvin Harris Sickles*
- Address *Very hardy but has ridge about here*
- Remarks *Weak.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57417

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

P 20

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Balance

3. Date of Birth,

August 18th 1882

4. Place of Birth, (Street and Number)

5 Chestnut St

5. Full Name of Mother,

Para Johnson

6. Mother's Maiden Name,

Para Johnson

7. Mother's Birthplace,

Dorchester County

8. Full Name of Father,

James Johnson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

5 Forest St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 18 1882

4. Place of Birth, (Street and Number)

416 E Gayette St.

5. Full Name of Mother,

Ellen H Lynch

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Stephen Lynch

9. Father's Occupation,

Shipjoiner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A Howell

Address,

286 McClellan St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57419

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Two 22
Female



1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 18th 1882

4. Place of Birth, (Street and Number)

No 20 Jackson St

5. Full Name of Mother,

Mary Hilzmeier Bauer

6. Mother's Maiden Name,

Hilzmeier

7. Mother's Birthplace,

Wurtemberg Germany

8. Full Name of Father,

Louis Bauer

9. Father's Occupation,

Hatter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Margie A Winter

Address,

186 Harford Ave

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 18
116 N Caroline St

4. Place of Birth (Street and Number)

5. Full Name of Mother

Mary Gray
Mary Woods
New York

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

John Gray
Clerk
New York

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. Lytle Smith
321 Barr St

Address

Remarks

Natural Labor

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57421

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

18th at 2 O'clock

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Anna Brown

6. Mother's Maiden Name,

7. Mother's Birthplace,

Princeton

8. Full Name of Father.

George Brown

9. Father's Occupation,

Wm's

10. Father's Birthplace,

Susan Bratter

Name of Medical Attendant, or other Person who makes this Return

Address,

228 West street

Remarks,

"That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17422

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, Child
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, Aug 18 82
Place of Birth, (Street and Number) Baltimore, Conkness St.
Full Name of Mother, E. E. Noel
Mother's Maiden Name, E. E. Pace
Mother's Birthplace, Virginia
Full Name of Father, J. W. Noel
Father's Occupation, Laborer
Father's Birthplace, Virginia
Name of Medical Attendant, or other Person who makes this Return Mrs. Maggie E. Noel
Address, No. 13 Conkness St.
Remarks, Second Print

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3ren*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *August 18. 1882*
4. Place of Birth, (Street and Number) *125 Mt Spring St*
5. Full Name of Mother, *Susan Ann Meads*
6. Mother's Maiden Name, *ne Johnson*
7. Mother's Birthplace, *Balto Md*
8. Full Name of Father, *Geo Meads*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *Queen Ann Co Md*
- Name of Medical Attendant, or other Person who makes this Return, *Susan Morgan*
- Address, *47 Franklin St*
- Remarks, *Mother and child doing nicely*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57424

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *18th August 1882.*
 4. Place of Birth, (Street and Number) *No 20 Sarah-Ann St Baltimore*
 5. Full Name of Mother, *Julia Greenwood*
 6. Mother's Maiden Name, *Julia Greenwood*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *Charles Hume*
 9. Father's Occupation, *Crayman*
 10. Father's Birthplace, *Camden New Jersey*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. H. Snowden*
 Address, *Sarah-Ann St Baltimore Md.*
 Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 18/82

4. Place of Birth, (Street and Number)

70 Choptank St.

5. Full Name of Mother,

Emma Schmirer

6. Mother's Maiden Name,

" Meesemitt

7. Mother's Birthplace,

Cumbyland Co. Pa

8. Full Name of Father,

O. F. Schmirer

9. Father's Occupation,

Ship Chandler

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other Person who makes this return.

R. W. Mansfield M. D.

Address,

117 E Broadway

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57426

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG
23
1882

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 15th 1882*

4. Place of Birth (Street and Number) *Cor Laureus + Division Sts*

5. Full Name of Mother *Mary Drabella Collins*

6. Mother's Maiden Name *Jackson*

7. Mother's Birthplace *Talbot Co Md*

8. Full Name of Father *Isaac Collins*

9. Father's Occupation *Coal digger*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Chas E Sadler M.D.*

Address *565 Grand Hill Ave*

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

57427.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth 18 August

4. Place of Birth, (Street and Number) 211 Wolfe Street

5. Full Name of Mother Margareta Hager

6. Mother's Maiden Name Wils

7. Mother's Birthplace Bremen Germany

8. Full Name of Father Karl Wils

9. Father's Occupation 1

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mari Guttner

Address

Wolfe Street 245.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 18th 1882

4. Place of Birth, (Street and Number)

298 S. Charles St.

5. Full Name of Mother,

Emilie Strupp

6. Mother's Maiden Name,

Richter

7. Mother's Birthplace,

America

8. Full Name of Father,

Jacob Strupp

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohwasser midwife
330 Hanover St.

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

18th August 1892

4. Place of Birth, (Street and Number)

More Eldray St No 46 Baltimore Md

5. Full Name of Mother,

Anne Gordon

6. Mother's Maiden Name,

Anne Brooking

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

James Henry Gordon

9. Father's Occupation,

Brick Maker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mrs. Glascock

Address,

East More Eldray St

Remarks,

RETURN OF A BIRTH

5748a

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 18th 1882

4. Place of Birth, (Street and Number)

30 Liberty alley

5. Full Name of Mother,

Louisa Schrader

6. Mother's Maiden Name,

" Dollant

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Schrader

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bowdoin

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5/4/21

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 18th 1882

4. Place of Birth, (Street and Number)

S. W. Cor. Bank & Chester St

5. Full Name of Mother.

Anna Cumberland

6. Mother's Maiden Name.

" Wankes

7. Mother's Birthplace,

City

8. Full Name of Father.

Henry Cumberland

9. Father's Occupation,

Iron Worker

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 18th 1882

4. Place of Birth, (Street and Number)

411 N. 4th St.

5. Full Name of Mother,

Ann Emily Lewis
Bailey

6. Mother's Maiden Name,

7. Mother's Birthplace,

City

8. Full Name of Father,

John Matthias Almon Lewis
Letter Carrier

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Chas. Jones M.D.

Address,

1178 N. Baltimore St.

Remarks,

Healthy Child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1 2b
Male
White
Aug. 18, 1882.
6 N. Washington St.
Lelia B. King,
" " Hall
Virginia
Wm. B. King,
Photographer,
Baltimore.
A. F. Erich M. J.
957 Park Ave.

RETURN OF A BIRTH 57434

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 18/88

4. Place of Birth, (Street and Number)

W. Walcott St. 70

5. Full Name of Mother,

Wilhelmine Mueller

6. Mother's Maiden Name,

Vogelwey

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Philip Mueller

9. Father's Occupation,

Barometer maker

10. Father's Birthplace,

Hessendammstadt

Name of Medical Attendant, or other Person who makes this Return

Dr. Johann Brunsbach

Address,

W. Walcott St. 14

Remarks,

undone

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 18, 1882

4. Place of Birth, (Street and Number)

234 N. Holliday St

5. Full Name of Mother,

Emma Wilson

6. Mother's Maiden Name,

Emma Kuhl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Wilson

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Wilson

Address,

311 N. Holliday St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57436

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Saturday August 29th 1882.
4. Place of Birth, (Street and Number) 226 Constitution St.
5. Full Name of Mother, Florence H. E.
6. Mother's Maiden Name, Florence L. E.
7. Mother's Birthplace, Dauphin Co. Pa.
8. Full Name of Father, Isaac S. H.
9. Father's Occupation, G. L. R. Employee.
10. Father's Birthplace, Pennsylvania.
Name of Medical Attendant, or other Person who makes this Return William Brinton M.D.
Address, 25 1/2 Greenmount Ave.
Remarks, Vertex Presentation.

Correct receipt of this Statistics in the City of Baltimore.

"That any physician, accouchier, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, 19th August
4. Place of Birth, (Street and Number) Peach Alley no 10
Springfield roads
5. Full Name of Mother, Bonnie
6. Mother's Maiden Name, Calvert Co
7. Mother's Birthplace, Edwards Roads
8. Full Name of Father, Carbaur
9. Father's Occupation, Calvert Co
10. Father's Birthplace, A Wildon
- Name of Medical Attendant, or other Person who makes this Return Crads Street 30 68
- Address, Crads Street 30 68
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57438

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 19th 1882.

4. Place of Birth, (Street and Number)

No 102 Hillen St.

5. Full Name of Mother,

Annie Zell

6. Mother's Maiden Name,

Amiel Ruth.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

John Ruth.

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Ms. A. Butt.

Address, No. 185 S.E. cor. Centre av. & Monument St.

Remarks, See Will.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57459

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 19th - 1882

4. Place of Birth, (Street and Number)

719 Waverly St.

5. Full Name of Mother,

Marionella Hook

6. Mother's Maiden Name,

" Schmidt

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Jacob Hook

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Mary Kish

Address,

325 Eutan St

Remarks,

Gallen

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Correct records of vital statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17437

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19th August
4. Place of Birth, (Street and Number) Beach & Ley no 10
Sprayly roads
5. Full Name of Mother, Donald
6. Mother's Maiden Name, Calvert Co
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, Edward Roads
9. Father's Occupation, Car baur
10. Father's Birthplace, Calvert Co
- Name of Medical Attendant, or other Person who makes this Return A Wilson
- Address, Cross Street 30 68
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57438

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

REGISTRATION

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

August 17th. 1882.

4. Place of Birth, (Street and Number)

No. 102 Hillen St.

5. Full Name of Mother.

Annie Zell

6. Mother's Maiden Name.

Annie Ruth.

7. Mother's Birthplace.

Germany.

8. Full Name of Father.

John Ruth.

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Germany.

Name of Medical Attendant, or other Person who makes this Return

Mr. A. Butt.

Address, No. 185 S.E. cor. Centre av. & Monument St.

Remarks, See file.

57438

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57459

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 9 1902 - 1182

4. Place of Birth, (Street and Number)

119 Warner St.

5. Full Name of Mother,

Henrietta Beck

6. Mother's Maiden Name,

" Childs

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Jacob Beck

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who make this Return

Mary Roth

Address,

325 E. Calvary St.

Remarks,

Gallin

Correct Record of Vital Statistics in the City of Baltimore.

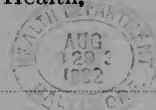
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 19th 1892

4. Place of Birth, (Street and Number)

168 Camden St.

5. Full Name of Mother,

Fredrica Smith

6. Mother's Maiden Name,

" Chott.

7. Mother's Birthplace,

Hannover, Germany.

8. Full Name of Father,

Chas. Heath

9. Father's Occupation,

Liquid Dealer

10. Father's Birthplace,

Hesse - Darmstadt - Germ.

Name of Medical Attendant, or other Person who makes this Return

Mary Koch

Address,

228 South East St.

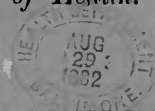
Remarks,

Baltimore

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH, 571441

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth August 19th 1882

4. Place of Birth, (Street and Number) 351 E. Pratt St.

5. Full Name of Mother Ida Eliza Brown

6. Mother's Maiden Name Ida E. Turner

7. Mother's Birthplace East Greenwich, Rhode Island

8. Full Name of Father Josias A. Standbury Brown

9. Father's Occupation Merchant

10. Father's Birthplace Palapasco Neck, Baltimore County, Md.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Eastwell, Sr.

Address 207 S. Broadway

Remarks _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, on or before the sixth day thereafter, singling distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Samuel Bell M.D.
#134 N. York St
Baltimore

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

19th August

4. Place of Birth, (Street and Number)

Mary & Front Street

5. Full Name of Mother,

Mary Wart

6. Mother's Maiden Name,

Swonn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mihle Wart

9. Father's Occupation,

Resturant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombert Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

19th August

4. Place of Birth, (Street and Number)

167 E. Lombard St

5. Full Name of Mother.

Barbara Fleckenstein

6. Mother's Maiden Name.

Saikkhauff

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

August Fleckenstein

9. Father's Occupation,

Cigar Manufacture

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

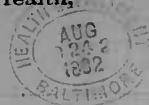
72 E. Lombard Street

Remarks.

RETURN OF A BIRTH

57445

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4

1. Sex. (state whether male or female)

Male

2. Race or Color. (if not of the white race)

3. Date of Birth.

19th August

4. Place of Birth. (Street and Number)

180 E. Lombert street

5. Full Name of Mother.

Louisa Martin

6. Mother's Maiden Name.

Carmel

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

George Martin

9. Father's Occupation.

Carpenter

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombert street

Remarks,

advised at the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

DOLAN & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

57446

RETURN OF A BIRTH, 57446

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth August the 19th
4. Place of Birth, (Street and Number) Baltimore William St No 293
5. Full Name of Mother Elen Dosh
6. Mother's Maiden Name Elen Hartman
7. Mother's Birthplace Scranton Pa
8. Full Name of Father Henry Dosh
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Halton
- Address William St No 293
- Remarks

RETURN OF A BIRTH 7447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 19th 1882*
4. Place of Birth, (Street and Number) *Mc. Donnell's Court.*
5. Full Name of Mother, *E. Borstein*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Abraham Borstein*
9. Father's Occupation, *Cigar-maker*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*
- Address, *118 E. Lombard st.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

17448

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 19, 1882

4. Place of Birth, (Street and Number)

S. E. 61 Lombard Street

5. Full Name of Mother

Catherine Ann Fuchs

6. Mother's Maiden Name

" " Rock

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Lehigh Louis Fuchs

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edward P. M. M. M.

Address

741 Wisconsin St.

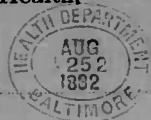
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57449

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14

7

August

1892

4. Place of Birth, (Street and Number)

10 17

Lawrence Harrison

5. Full Name of Mother,

Marie Jull

6. Mother's Maiden Name,

Elliott

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Henry Jull

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Jull

Address,

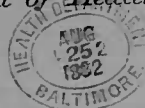
10 17 Lawrence Harrison

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

birth

female

19th Colored

August

12 Sarah Ann St

Matha Wilson

Matha Bowman

Fredrick, Co MD

John Wilson

Waiter

Washington

Sarah Penington

911 Jasper St

no other remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 19*
4. Place of Birth, (Street and Number) *Pr 58 Lombard st*
5. Full Name of Mother, *Katie Seidd*
6. Mother's Maiden Name, *Friedrich*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Seidd*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *S. A. Simon*
Address,
Remarks,

Return of Birth of Child born in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 children*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19 of August 1882*

4. Place of Birth, (Street and Number) *No. 135 Battery (W)*

5. Full Name of Mother, *Mary Planch*

6. Mother's Maiden Name, *Mary Salk*

7. Mother's Birthplace, *Hertenberg*

8. Full Name of Father, *Fred Salk*

9. Father's Occupation, *Croaker*

10. Father's Birthplace, *Hertenberg*

Name of Medical Attendant, or other Person who makes this Return *Seena Kishalor*

Address, *No. 135 Battery*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 19/82

4. Place of Birth, (Street and Number)

465 East av.

5. Full Name of Mother,

Leatherim Smith

6. Mother's Maiden Name,

Franz

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Geo. N. Smith

9. Father's Occupation,

Ship Joiner

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Re W Mansfield M.D

Address,

117 Broadway

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

7454

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 19/82

4. Place of Birth, (Street and Number)

1390 Lafayette av.

5. Full Name of Mother,

Alia Moore

6. Mother's Maiden Name,

" Hopkins

7. Mother's Birthplace,

Balt. Balt. City

8. Full Name of Father,

W. Moore

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 Broadway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 23 1882

4. Place of Birth, (Street and Number) Durban St No 281

5. Full Name of Mother, Barbara Vesely

6. Mother's Maiden Name, Baker

7. Mother's Birthplace, Bohemia

8. Father's Occupation, Iron Worker

9. Father's Birthplace, Bohemia

10. Father's Birthplace, Mary Washington

Name of Medical Attendant, Mary Washington

Address, 69 N Washington

Remarks, or other Person who makes this Return

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be present at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, whether still-born or not, the full name, nativity, and race of the parents, and the maiden name of the mother of each child or children."

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

57455

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

19 August 1882

4. Place of Birth, (Street and Number)

Balto Durham St No 281

5. Full Name of Mother.

Barbara Vessley

6. Mother's Maiden Name.

Borlor Balf

7. Mother's Birthplace.

Bohemia

8. Full Name of Father.

Jos. Vessley

9. Father's Occupation.

Shoemaker

10. Father's Birthplace.

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Daptist

Address,

69 N. Washington St Balto Md

Remarks,

Mary Daptist

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 19th 1882

4. Place of Birth, (Street and Number)

Baltimore Ramsey. St. No. 104

5. Full Name of Mother,

Mary Smith

6. Mother's Maiden Name,

Wallace

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Smith

9. Father's Occupation,

Conductor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o 58 Parkin St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17457

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, August 10, 1882

4. Place of Birth, (Street and Number) 12 Washington St. N. W. 113.

5. Full Name of Mother, Geria Grill

6. Mother's Maiden Name, Geria Müller

7. Mother's Birthplace, Halle, B. Prussia, Germany

8. Full Name of Father, Gottfried Grill

9. Father's Occupation, Farmer

10. Father's Birthplace, Lichtenhau, B. Pr. Austria, Europe

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, 1215 E. 19th St.

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

2d
Male
White
August 19th 1882
315 Sagamore St
Annie E. Hoffnagle
Annie E. Clifford
Baltimore Md
Rt. O. Hoffnagle
Cann. Mulder
Baltimore Md
Theodore C. C. M.D.
140 Banner St

That any Physician, accoucheur, midwife, or other person in charge, who shall assist, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57459

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name of child: *Clinton H. Williams*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug. 19th 1881*
4. Place of Birth, (Street and Number) *No. 8. S. Chester St.*
5. Full Name of Mother, *Fannie Eliza Williams*
6. Mother's Maiden Name, *Magnus*
7. Mother's Birthplace, *City*
8. Full Name of Father, *John Herbert Williams*
9. Father's Occupation, *Wagoner*
10. Father's Birthplace, *State of Virginia*
Name of Medical Attendant, or other Person who takes this Return, *Dr. H. H. Miller*
Address, *177 N. Hollis St.*
Remarks, *Child disappeared*

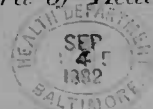
That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1746a

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19th June 1892

4. Place of Birth, (Street and Number)

442 E. Lombard St.

5. Full Name of Mother,

Murtha Anna McClinton

6. Mother's Maiden Name,

Reid

7. Mother's Birthplace,

Miss. La.

8. Full Name of Father,

Robert W. Clinton

9. Father's Occupation,

Board Master

10. Father's Birthplace,

State of Maryland

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. B. Bond

Address,

175 E. Baltimore St.

Remarks,

Healthy looking white

"That any physician, accouchement midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57461

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 19th 1882

4. Place of Birth, (Street and Number)

40 Liberty Alley
Ph Ellen McKeena

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

Sweeney.
City.
Robert McKeena
Huester
City.

Mrs Elizabeth Betz
120 Bank St.

RETURN OF A BIRTH

57462

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57462

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19. August

4. Place of Birth, (Street and Number)

634 Sepoy Ave St

5. Full Name of Mother,

Mrs Sadie Wilson

6. Mother's Maiden Name,

Sadie Cook

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John S Wilson

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Cincinnati Ohio

Name of Medical Attendant, or other Person who makes this Return

Mrs Dunder

Address,

60 Chasade St.

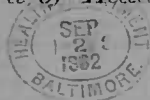
Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57463

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female)
- Race or Color, (if not of the white race)
- Date of Birth,
- Place of Birth, (Street and Number)
- Full Name of Mother,
- Mother's Maiden Name,
- Mother's Birthplace,
- Full Name of Father,
- Father's Occupation,
- Father's Birthplace,

Fourth
Male
White

August 20 1882

91 Harrison Street, Canton

Margaret Anna Subach

Margdalena Diston

Germany

George Heibach

Engineer

Baltimore Md

Mrs Sarah Subach

104 Barclay Street, Canton

Name of Medical Attendant, (or other Person who makes this Return.)

Address,

Remarks,

JOHN D. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

57464

est or
said,
children
fence

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17464

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sunday August 26th 1882

4. Place of Birth, (Street and Number)

203 Constitution St.

5. Full Name of Mother,

Sophia A. Cross

6. Mother's Maiden Name,

Sophia A. Matthews

7. Mother's Birthplace,

England

8. Full Name of Father,

William Cross

9. Father's Occupation,

Deputy Warden B. C. Jail

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wilmer Bristow M.D.

Address,

25 1/2 Greenmount Ave.

Remarks, *Very Pleasant*

RETURN OF A BIRTH

17465

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 20th 1882*

4. Place of Birth, (Street and Number) *#138 Pratt St.*

5. Full Name of Mother, *Baronica Korb*

6. Mother's Maiden Name, *" Larin*

7. Mother's Birthplace, *Bavaria*

8. Full Name of Father, *William Korb*

9. Father's Occupation, *Carriage Mfr.*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Korb*

Address *828 South E. Ave. N.*

Remarks *Baltimore*

Wm. A. G. BULLMAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57466

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence

of the parents, and the maiden name of the mother of such child or children."

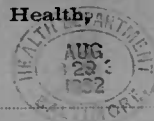
RETURN OF A BIRTH

57466

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

2 males

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August the 20, 1882

4. Place of Birth, (Street and Number)

302 Ramsey St Bal

5. Full Name of Mother,

Augusta Spiller

6. Mother's Maiden Name,

Augusta Engelhardt

7. Mother's Birthplace,

Baltimore Germany

8. Full Name of Father,

Andrew Spiller

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs S Spiller

Address,

392 Pratt St Bal

Remarks.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

57467

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4^c

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 20th 1882

4. Place of Birth, (Street and Number) No 220 Lager St

5. Full Name of Mother Glizzie Metz

6. Mother's Maiden Name Glizzie Remmel

7. Mother's Birthplace Germany

8. Full Name of Father John Metz

9. Father's Occupation Taylor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lena Thilligewit

Address 182 S. Monument St

Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

57468

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 95

1. Sex (state whether male or female) White

2. Race or Color, (if not of the white race) Male

3. Date of Birth Aug 20 1882

4. Place of Birth, (Street and Number) No 33 Stanford Ave

5. Full Name of Mother Georgeanna Garrett

6. Mother's Maiden Name Georgeanna Deacon

7. Mother's Birthplace Philadelphia

8. Full Name of Father Daniel S. Deacon

9. Father's Occupation Shoemaker

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. Lena Halliger

Address 182 E Monumental

Remarks

RETURN OF A BIRTH

57469

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

20 August.

4. Place of Birth, (Street and Number)

102 South Eutaw St.

5. Full Name of Mother.

Minna Straszkiwicz

6. Mother's Maiden Name,

Minna Schumacher.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Joseph Straszkiwicz.

9. Father's Occupation,

Cabinet maker.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Dr. W. W. W.

Address,

1 South Eutaw St.

Remarks,

Katherine M. Münch N. L. Lendenhall

5747a

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born. It is not to be their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

12-4

female

August 20

4142 N. 2nd St.

Save

Hank

Falto

One But

Flatshare

Germany

Putnam's

137 N Fayette St.

P 137 N Fayette Ave

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57471

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth aug 20 1882

4. Place of Birth (Street and Number) 37 McElroy

5. Full Name of Mother Emma Green

6. Mother's Maiden Name Emma Morrison

7. Mother's Birthplace Balt

8. Full Name of Father William Green

9. Father's Occupation Salesman

10. Father's Birthplace Phil

Name of Medical Attendant, or other Person who makes this Return. Geo. S. Reynolds M D

Address 171 N. Calvert

Remarks

RETURN OF A BIRTH

57472

Return of a Birth.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57472

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *(Male)*
2. Race or Color (if not of the white race) _____
3. Date of Birth *August 19.*
4. Place of Birth (Street and Number) *224 N Fremont*
5. Full Name of Mother *Emma Lange*
6. Mother's Maiden Name *Balto.*
7. Mother's Birthplace *Emil Linkens*
8. Full Name of Father *Lynn Baker*
9. Father's Occupation *Balto*
10. Father's Birthplace *Putnam Co. N.Y.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. W. Fayette*
- Address *133 W Fayette*
- Remarks _____

RETURN OF A BIRTH.

57473

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

(state whether Male or Female)

of Child (if not of the white race)

ate of Birth. August 20. 1882.

ace of Birth (Street and Number) N. Broadway 64.

ll Name of Mother Mary Richter

ther's Maiden Name Mary Rich.

ther's Birthplace Dresden in Germany.

ll Name of Father Adolph Richter

ther's Occupation Pharmacist

ther's Birthplace Cassel in Germany.

ame of Medical Attendant, or other Person who makes this Return.

ldress Chas. H. Rich. M.D. 74 N. Broadway.

marks Said Child is in good health.

RETURN OF A BIRTH.

57474

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

sex (state whether Male or Female)

Male

Race or Color (if not of the white race)

Colored

Date of Birth

Sunday August 20 1892

Place of Birth (Street and Number)

36 Little George Street

Full Name of Mother

Laura Virginia Moore

Mother's Maiden Name

Laura Virginia Smithers

Mother's Birthplace

Fredrick County Maryland

Full Name of Father

William Henry Moore

Father's Occupation

Driver

Father's Birthplace

Baltimore County Maryland

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Sarah Smithers

Address

Resides at 36 Little George St

Remarks

RETURN OF A BIRTH 57475

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Fem.

2. Race or Color, (if not of the white race)

3. Date of Birth, 20th August

4. Place of Birth, (Street and Number) 2 Second St.

5. Full Name of Mother, Annie Berke

6. Mother's Maiden Name, Hardy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mike Berke

9. Father's Occupation, Working Man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Humbert street

Remarks,

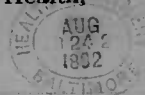
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

That any physician, secouchmir, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

7476

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

20th August

4. Place of Birth, (Street and Number)

130 S. Bond street

5. Full Name of Mother,

Marion Stund

6. Mother's Maiden Name,

Watchin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Stund

9. Father's Occupation,

Fruit Packer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

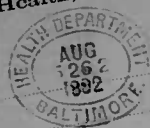
Address,

72 E. Lombert street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Aug 20 1892*

4. Place of Birth, (Street and Number) *No 197 Semmore ally*

5. Full Name of Mother, *Sophia Ringold*

6. Mother's Maiden Name, *Bette Eitz*

7. Mother's Birthplace, *Jacob Ringold*

8. Full Name of Father, *Sailor*

9. Father's Occupation, *Baltimore*

10. Father's Birthplace, *Deborah Thomas*

Name of Medical Attendant, *Burgandy* or other Person who makes this Return

Address, *ally*

Remarks,

That any physician, accoucher, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Aug 20 1892*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *No 197 Leammora ally*

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Return of a Birth Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7478

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

on the 20th of August 1884

4. Place of Birth, (Street and Number)

Alc. Henry St. between Paken & Market

5. Full Name of Mother,

Mrs. Anne

6. Mother's Maiden Name,

Miss Kinsler

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Krone

9. Father's Occupation,

Wheeler

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Miller

Address.

1607 W. Pratt St.

Remarks.

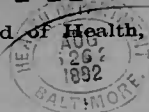


correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57479

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 20th 1882
4. Place of Birth, (Street and Number) 137 Law st.
5. Full Name of Mother, Fanny Schwartz
6. Mother's Maiden Name, " Mox
7. Mother's Birthplace, Europe
8. Full Name of Father, Mendel Schwartz
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe
- Name of Medical Attendant, or other Person who make this Return Mrs. C. Bernstein
- Address, 113 E. Lombard st.
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 21st 1882*

4. Place of Birth, (Street and Number) *70 Harrison st.*

5. Full Name of Mother, *Henry Goldres*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Isaac Goldres*

9. Father's Occupation, _____

10. Father's Birthplace, *Russia*

Name of Medical Attendant, *or other Person who makes this Return*

Mrs. C. Bernstein

Address, *1136 Lombard st.*

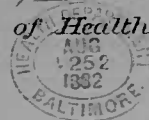
Remarks, _____



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57481

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Third
Female
White
August 20th 1892
67 Franklin St.
Julia Benson
Julia Whitworth
Madison Co. Mo.
William C. Benson
Laborer.
Baltimore
Mrs. M. A. G. G. G.
225 Lexington St.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 20th 1882

4. Place of Birth, (Street and Number)

Baltimore Poppleton St N^o. 103

5. Full Name of Mother,

Ellen Ault.

6. Mother's Maiden Name,

Smooth

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Ault.

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. B. Mitchell

Address,

N^o. 58 Parkin St.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *57483*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 20*
4. Place of Birth, (Street and Number) *369 Mc Donough St*
5. Full Name of Mother, *Gertrude Grimmer*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *George Grimmer*
9. Father's Occupation, *Asst. - Conductor*
10. Father's Birthplace, *Balt*
- Name of Medical Attendant, *D. Stull M.D.*
or other Person who makes this Return.
- Address, *1434 E. St*
- Remarks, *L.C.L. a*

Return of Birth of Child in the City of Baltimore.

"That any physician, second-church, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forward, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57484

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 20, 1882

4. Place of Birth, (Street and Number)

2129 W. Carroll St

5. Full Name of Mother,

Annie L. L. L. L.

6. Mother's Maiden Name,

Annie L. L. L.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles L. L. L.

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. H. L. L.

Address,

1217 W. L. L.

Remarks,

UNIVERSITY OF MARYLAND LIBRARY

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

August 20, 1881

83 Hillman St

Emma Smith

Emma Creighton

Baltimore

Joseph H. Smith

Illinois

Washington D. C.

Dr. William H. H. H.

121 Hillman St



Source: Records of the Statistics of the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 57486

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th
Jet male
white

20th of August -
87 Booth Street -
Agnes Wolf
Agnes John.
Russian.
Edward Wolf.
Painter.
Dager.

Mrs. Lumber.
46th Schreder St.

No remarks.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57487

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) _____
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *August 20 1882*
4. Place of Birth (Street and Number) *Pickwell No 4*
5. Full Name of Mother *Anny Bakes*
6. Mother's Maiden Name *unmarried*
7. Mother's Birthplace *Baltimore MD*
8. Full Name of Father *un known*
9. Father's Occupation *un known*
10. Father's Birthplace *un known*
- Name of Medical Attendant, or other Person who makes this Return. *Emily Hughes.*
- Address *1312 York Street*
- Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 26

4. Place of Birth, (Street and Number)

E. Schappell St No 106

5. Full Name of Mother,

Anna White

6. Mother's Maiden Name,

Dasinger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter White

9. Father's Occupation,

Steamboatman

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who makes this Return

Wm. F. Brainerd

Address,

W. Wolf 14

Remarks,

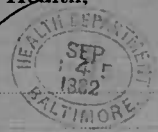
Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57489

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 20 1882

4. Place of Birth, (Street and Number) 101 St. Mary Court

5. Full Name of Mother, Annie Johnson

6. Mother's Maiden Name, Annie Drake

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Johnson

9. Father's Occupation, Coach Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. B. Johnson

Address, 101 St. Mary Court

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57490

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th

1. Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 20th 1882

4. Place of Birth, (Street and Number)

368 Virginia St

5. Full Name of Mother,

Miss Parsons

6. Mother's Maiden Name,

Miss Hunt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Hugh Vanman

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm. C. Parsons

Address,

155-156

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57491

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

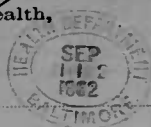
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th August 1882
4. Place of Birth, (Street and Number) 420 N. Holloman Avenue
5. Full Name of Mother, Sarah Harriet Harrison
6. Mother's Maiden Name, Sarah Harriet Craft
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry K. Harrison
9. Father's Occupation, Keefing Clerk
10. Father's Birthplace, Petersburg Virginia
- Name of Medical Attendant, or other Person who makes this Return Harvey L. Byrd M.D.
- Address, 178, Holloman Avenue Baltimore Md.
- Remarks, Normal labor two hours duration, vertex presentation, Mother & child doing well.

Return of a Birth, as required by the Act of the 14th March 1862, in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

female
colored
August 21st 1882
223 Hanover street
Emma Carrington
Emma Smith
Charles Carrington Macpherson
Sailor
Virginia
Mary Ann Dorsey

53 Perry street
five dollars

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 7493

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth,

21st August

4. Place of Birth, (Street and Number)

3 Concord street

5. Full Name of Mother,

Katie Connor

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Humbert street

Remarks,

OFFICE RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57494

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

May 21 1882.

4. Place of Birth, (Street and Number)

360 Lenna Ave.

5. Full Name of Mother

Mary A. Volker

6. Mother's Maiden Name

Nagle

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Geo. J. Volker

9. Father's Occupation

Shoe Maker

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this Return

J. H. Hamilton M.D.

Address

Remarks



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Suppose Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57494

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

Aug. 21. 1882.

4. Place of Birth, (Street and Number)

360 Penna. Ave.

5. Full Name of Mother,

Mary A. Volker

6. Mother's Maiden Name,

Nagle

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Geo. J. Volker

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

William M. C.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 21 - 1882

4. Place of Birth, (Street and Number)

407 Marion St.

5. Full Name of Mother,

Annie Eisenbach

6. Mother's Maiden Name,

" Aile

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Eisenbach

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Prer - Hesse - Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Koch

Address

328 South Easton St

Remarks

Baltimore

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 7496

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth August 21st 1882
4. Place of Birth, (Street and Number) Lalabe St
5. Full Name of Mother Mary Peters
6. Mother's Maiden Name Mary Peter
7. Mother's Birthplace Baltimore
8. Full Name of Father John Peters
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Bathmore Hornung
- Address 1118 Byrd St
- Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57497

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the first child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August the 21

4. Place of Birth, (Street and Number)

243 Leavitt Street City

5. Full Name of Mother,

Miss Rosa Victoria Smith

6. Mother's Maiden Name,

Smallwood

7. Mother's Birthplace,

Saint Marys County Md

8. Full Name of Father,

Mr John Wiley Smith

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Kinge George County per Ginery

Name of Medical Attendant, or other Person who makes this Return

Miss Sarah Galye Wilcox

Address.

25-2 Leavitt Street

Remarks.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7498

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Mädchen*
2. Race or Color, (if not of the white race) *Weiss*
3. Date of Birth, *August 21, 1882.*
4. Place of Birth, (Street and Number) *N. 2. Pichers Court*
5. Full Name of Mother, *Bertha Wettkamm*
6. Mother's Maiden Name, *geborene Bachalarus*
7. Mother's Birthplace, *geboren Barmen Rheinpreussen*
8. Full Name of Father, *Christian Wilhelm Wettkamm*
9. Father's Occupation, *Fabrikarbeiter*
10. Father's Birthplace, *geboren in Barmen Rheinpreussen*
- Name of Medical Attendant, or other Person who makes this Return
- Address
- Remarks

Correct Return by Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 27, 1887

4. Place of Birth, (Street and Number) 324, Mosher Street

5. Full Name of Mother, Mary Francis Lytlehart

6. Mother's Maiden Name, Mary Francis Chambers

7. Mother's Birthplace, Baltimore City, Maryland

8. Full Name of Father, Richard Lytlehart

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Howard County, Maryland

Name of Medical Attendant, or other Person who makes this Return J. G. Harrison

Address, 231, F. Bennett St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 21st 1882*

4. Place of Birth, (Street and Number) *269 Eastern Ave*

5. Full Name of Mother, *Marie Stimely*

6. Mother's Maiden Name, *Marie Doebele*

7. Mother's Birthplace, *America*

8. Full Name of Father, *John Stimely*

9. Father's Occupation, *paper hanger*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 122 Maple St*

Remarks, *C #2*

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

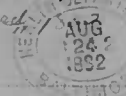
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Louise Brown

August 23rd 1892



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21, 1882

4. Place of Birth, (Street and Number) 203 Wolfe St.

5. Full Name of Mother, Lizzie Brown

6. Mother's Maiden Name, Lizzie Meyer

7. Mother's Birthplace, America

8. Full Name of Father, John Brown

9. Father's Occupation, Seaman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary Ann

Address, 112 Wolfe St

Remarks, P

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Aug 21st 1882*

4. Place of Birth, (Street and Number) *54 Russell St*

5. Full Name of Mother, *Elizabeth Martin*

6. Mother's Maiden Name,

7. Mother's Birthplace, *St. Mary Co Maryland*

8. Full Name of Father, *John Martin*

9. Father's Occupation, *La. Dealer*

10. Father's Birthplace, *Bath City*

Name of Medical Attendant, or other Person who makes this Return

Address, *71 Burgundy ally*

Remarks,

proper regulations of the Bureau of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57503

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Color*

3. Date of Birth *August 23 - 1882*

4. Place of Birth (Street and Number) *No 13 Hamilton St*

5. Full Name of Mother *Ida Hulitt*

6. Mother's Maiden Name

7. Mother's Birthplace *Northhamland Co Va*

8. Full Name of Father *John Hjer*

9. Father's Occupation *Musical*

10. Father's Birthplace *Balt^a Md*

Name of Medical Attendant, or other Person who makes this Return. *Lucie D. Caston*

Address *Hamilton St - 17*

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57004,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 23rd. 1882

4. Place of Birth, (Street and Number) Cor. Central Ave. and Grandly st.

5. Full Name of Mother, Sarah Rosewood

6. Mother's Maiden Name, "

7. Mother's Birthplace, Russia

8. Full Name of Father, Joel Rosewood

9. Father's Occupation, Pedler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Bernstein

Address, 12 E. Lombard st.

Remarks,

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

august 21 st

4. Place of Birth, (Street and Number)

no 123 hill st

5. Full Name of Mother,

agnes adams

6. Mother's Maiden Name,

agnes jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

malichi adams

9. Father's Occupation,

dealer in sunk

10. Father's Birthplace,

dorchester county

Name of Medical Attendant, or other Person who makes this Return

mrs Lydia Porter

Address

no 4 patpsco avenue

Remarks

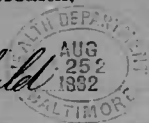
healthy child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57506

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 21st 1882
No 333 Sharp St
Bela Brown

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Berry
American
James Brown
Boiler maker
American

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. Lohwasser midwife
330 Hanover St.

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 7707

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 21st 1882

4. Place of Birth, (Street and Number)

N. 8 Weaver st.
Adeline Black

5. Full Name of Mother,

Roates

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

James Black

9. Father's Occupation,

Cooper

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohmeyer midwife
330 Bonaparte st

Address,

Remarks,

Baltimore.
and, male, or
or children
residence

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, make or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, as provided, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 21 1898*

4. Place of Birth, (Street and Number) *1170 Lehigh Ave*

5. Full Name of Mother, *Gizzi Dein*

6. Mother's Maiden Name, *Schneider*

7. Father's Occupation, *Father*

8. Father's Birthplace, *Germany*

9. Name of Medical Attendant, *Dr. J. H. Simon*

Address, _____

Remarks, _____



or other Persons who make this Return

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 21*

4. Place of Birth, (Street and Number) *No. 72 Central Ave*

5. Full Name of Mother, *Gizze Dein*

6. Mother's Maiden Name, *Schneider*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Dein*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Simon*

Address, _____

Remarks, _____

RETURN OF A BIRTH

57504

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 21st 1882*

4. Place of Birth, (Street and Number) *E. Eden, St. No. 154*

5. Full Name of Mother, *Josephine Joyce*

6. Mother's Maiden Name, *Josephine Schleich*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *George Joyce*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Wm. E. Miller*

Address, *B. Miller, No. 1224*

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



11

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether Male or Female) *Martha Hannam Day*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *21 August 1882*

4. Place of Birth (Street and Number) *412 East Madison St*

5. Full Name of Mother *Florence Day*

6. Mother's Maiden Name *Walters*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Frank P Day*

9. Father's Occupation *Rail Road track layer*

10. Father's Birthplace *New Hampshire*

Name of Medical Attendant, or other Person who makes this Return. *W H Siffert*

Address *High St*

Remarks *Given name added from affidavit signed by mother.*
(over)

763
5-7510

AFFIDAVIT OF BIRTH

I, Florence W. Day, hereby certify that the fourth child born to me was named Martha Hannam Day and was born in a house on McDonough Street, Baltimore, Maryland on the twenty-eighth day of August 1882, that my husband's name was Frank Pierce Day and that the attending physician was a Doctor Diffendaffer.

In witness whereof I set my hand and seal this day of June 1938.

Florence W. Day

Sworn to before me this 29 day
of June 1938.

William J. Gagan
Notary Public.

7-7-38
Males
check

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7511

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child
Female

AUG
22
1882

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 21st 1882

4. Place of Birth, (Street and Number)

No. 301 Hanover st.

5. Full Name of Mother,

Emma Bansen

6. Mother's Maiden Name,

Matheros

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Bansen

9. Father's Occupation,

Machinist

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife
330 Hanover st.

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

August 21st Born Baltimore

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white Race

3. Date of Birth,

21st of August Monday

4. Place of Birth, (Street and Number)

Frederick Avenue & Mount St

5. Full Name of Mother.

Maria Hammett

6. Mother's Maiden Name,

Mari H.

7. Mother's Birthplace,

Ehlm Karchesen Germania

8. Full Name of Father,

Augustus Hammett Fallminister Germania

9. Father's Occupation,

Pharmaker 36th Avenue Baltimore

10. Father's Birthplace,

in Fallminister Germania

Name of Medical Attendant,

or other Person who makes this Return

Medikal Attendants none

Address,

Mass Summer in Prader street

Remarks,

Father Augustus Hammett 44 Childers Road

in Baltimore al. born in T. Prader street



correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57573

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Age 21
E. Lombard St No 280
Christine Knapp
Lynn
Baltimore
Murst Knapp
Butcher
Baltimore
M. J. F. Bransbach
E. Wall St No 14

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person to charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁷⁵⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug. 21

4. Place of Birth, (Street and Number) Proctor St. No. 261

5. Full Name of Mother, Emilie Glasler

6. Mother's Maiden Name, Martini

7. Mother's Birthplace, Prussia

8. Full Name of Father, Georg Glasler

9. Father's Occupation, Brewer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Wm. L. Knecht

Address, Ch. Wolf St. No. 14

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 24 1887

4. Place of Birth, (Street and Number)

336 N. Central Ave

5. Full Name of Mother,

Mary Ellen Hochadel

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Frederick, Md

8. Full Name of Father,

Taylor

9. Father's Occupation,

Germany

10. Father's Birthplace,

S. W. Moore Esq

Name of Medical Attendant, or other Person who makes this Return

D. H. Beyer Carolin Smith

Address,

Remarks,

current Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57576

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

~~Colored~~ White

3. Date of Birth,

Aug. 22nd

4. Place of Birth, (Street and Number)

Ramsay St. 177

5. Full Name of Mother.

Anna Thomas

6. Mother's Maiden Name,

Anna Miller

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Calvin B. Thomas

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Richmond

Name of Medical Attendant, or other Person who makes this Return

Mrs. Soybeck

Address,

439 West Pratt St.

Remarks,

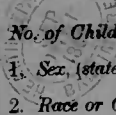
correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, to or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57517

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 22nd. 1882.

4. Place of Birth, (Street and Number) No. - Orlan & Gist

5. Full Name of Mother, Annie Abner Skuhr

6. Mother's Maiden Name, Annie Meier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Skuhr

9. Father's Occupation, Graver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A. Butt.

Address, No. 185 S.E. on Centre av & Monument St.

Remarks, All Well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 22nd 1882
4. Place of Birth (Street and Number) 30 Bloom St.
5. Full Name of Mother Mary W. Carter
6. Mother's Maiden Name " " Cook
7. Mother's Birthplace Philadelphia
8. Full Name of Father William H. Carter
9. Father's Occupation Sailmaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Martha Moore (Midwife)
- Address No. 7 Stockton Alley.
- Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57519

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 22nd 1882

4. Place of Birth, (Street and Number) * 104 St. Peter St

5. Full Name of Mother, Maria Gumpman

6. Mother's Maiden Name, " Lang

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas Gumpman

9. Father's Occupation, Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Ford

Address 22 South East ave

Remarks Baltimore

RETURN OF A BIRTH ¹⁷⁵²⁰

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *22d August*
 4. Place of Birth, (Street and Number) *418 Erie St 1882*
 5. Full Name of Mother, *Mathia Holman*
 6. Mother's Maiden Name, *Thompson*
 7. Mother's Birthplace, *Cal. Cal. Co*
 8. Full Name of Father, *Henry Holman*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*
 Address, *No. 10 Patterson Park St.*
 Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57521

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

" *Edith Richardson* 2^d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 27 - 1882

4. Place of Birth, (Street and Number)

112 Dunmead

5. Full Name of Mother,

Josephine Richardson

6. Mother's Maiden Name,

Stag

7. Mother's Birthplace,

Illinois

8. Full Name of Father,

J.B. Richardson

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Calif.

Name of Medical Attendant, or other Person who makes this Return.

J.M. Milner

Address,

257 Mad. Ave.

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

45

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 22

4. Place of Birth, (Street and Number)

Hayette St.
Cora Donly

5. Full Name of Mother,

Cultus Co.

6. Mother's Maiden Name,

7. Mother's Birthplace,

Washington

8. Full Name of Father,

B. J. Donly

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

A. M. Johnson

Address,

257 Mad. Ave.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5123

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

22 of August

4. Place of Birth, (Street and Number)

Torrest St No 307.

5. Full Name of Mother,

Mrs Mogge Germershausen

6. Mother's Maiden Name,

Mrs Mogge Weisbrod

7. Mother's Birthplace,

Hessenassel Germany

8. Full Name of Father,

Louis Germershausen

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Mrs Woodson

Address,

Greenmount St No 120.

Remarks,

in good health.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17524

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 22 1882

4. Place of Birth, (Street and Number)

64 Essex St

5. Full Name of Mother,

Rebecca Owen

6. Mother's Maiden Name,

Rob. Butler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Owen

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Wm. B. Travis

Address,

193 Charter

Remarks,

Stillborn

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 82
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Aug 22^d 1882
4. Place of Birth, (Street and Number) No 7 Greenmount Ave
5. Full Name of Mother Mary Wisman
6. Mother's Maiden Name Mary Koller
7. Mother's Birthplace Germany
8. Full Name of Father William Wisman
9. Father's Occupation Barber
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. McLaughlin
Address 182 Greenmount Ave
Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *22nd Aug 1884*
4. Place of Birth (Street and Number) *142 Johnson St*
5. Full Name of Mother *Rosa McChesney*
6. Mother's Maiden Name *Rosa Biers*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John McChesney*
9. Father's Occupation *Fireman*
10. Father's Birthplace *Scotland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Caskey*
- Address *134 Kenilworth*
- Remarks *Living well*

current Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH

17527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 22, 1882

4. Place of Birth, (Street and Number)

319 E. Chase

5. Full Name of Mother,

Mary McLaughlin

6. Mother's Maiden Name,

" Rouse

7. Mother's Birthplace,

Balti - City

8. Full Name of Father,

Daniel McLaughlin

9. Father's Occupation,

Proc Manufacture

10. Father's Birthplace,

Balti City

Name of Medical Attendant, or other Person who makes this Return

Wm White Ind

Address,

367 N Broadway

Remarks,

17525

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

or other Person who makes this Return

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



57529

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth August 22d 1882

4. Place of Birth (Street and Number) 14 Upton St

5. Full Name of Mother Annie Dorsey

6. Mother's Maiden Name " Means

7. Mother's Birthplace Maryland

8. Full Name of Father William H. Dorsey

9. Father's Occupation Wrestler

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Chas. Russell M.D.

Address 92 Mosler St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4.
 1. Sex (state whether Male or Female) female
 2. Race or Color (if not of the white race) Colored
 3. Date of Birth August 22.
 4. Place of Birth (Street and Number) No. 3. pin. Alley
 5. Full Name of Mother Mary Goebears
 6. Mother's Maiden Name Mary Murry
 7. Mother's Birthplace Scotter
 8. Full Name of Father Demist Murry
 9. Father's Occupation Stevedore
 10. Father's Birthplace Easton
 Name of Medical Attendant, or other Person who makes this Return. Mary Ellen Triff
 Address No. 47 Chesnut Alley
 Remarks Haven. Envy

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics,
Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

August 23^d 1882.

4. Place of Birth, (Street and Number)

14 Ber Schroeder & Charlotte St.

5. Full Name of Mother,

Mary Hauser.

6. Mother's Maiden Name,

Mary Reinhold.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

John C. Hauser.

9. Father's Occupation,

Minister of the Gospel

10. Father's Birthplace,

Switzerland.

Name of Medical Attendant, or other Person who makes this Return.

John C. Remington M.D.

Address,

134 St. Carrolltown Ave.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 22nd 1892

4. Place of Birth, (Street and Number)

Maternity Hospital 161 W. Calverton

5. Full Name of Mother,

Kate Frank

6. Mother's Maiden Name,

Unknown

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Unknown

9. Father's Occupation,

Do

10. Father's Birthplace,

Do

Name of Medical Attendant,

or other Person who makes this Return

Dr. M. J. Welsh, Resident Physician

Address,

Maternity Hospital 161 W. Calverton

Remarks,

Supposed to be legitimate.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1902
57533

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the

1. Sex, (state whether male or female)

Female Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 22 of Aug

4. Place of Birth, (Street and Number)

No. 252 Case

5. Full Name of Mother,

Anne Shoub

6. Mother's Maiden Name,

Anne Sommer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Johann. Kammer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Report

Mrs. Cristina Sauer

Address,

177 Hooper ave

Remarks,

1582

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

over RETURN OF A BIRTH 7734

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 Name: *William Howard Matthai*
 1. Sex, (state whether male or female).
 2. Race or Color, (if not of the white race)
 3. Date of Birth,
 4. Place of Birth, (Street and Number)
 5. Full Name of Mother,
 6. Mother's Maiden Name,
 7. Mother's Birthplace,
 8. Full Name of Father,
 9. Father's Occupation,
 10. Father's Birthplace,

1st Child.
Male.
White.
August 25. 1892.
177 N. Carroll St.
Alice Matthai
Alice Jones.
Baltimore.
Wm. H. Matthai
Merchant.
Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, *Child Healthy.*

John D. Smith M.D.
257 Carrollton Ave.

known regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, seconductor, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 22 1882

4. Place of Birth, (Street and Number)

182 Tarpin St

5. Full Name of Mother,

Mary Schuman

6. Mother's Maiden Name,

Mary Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Conrad Schuman

9. Father's Occupation,

Mill Hand

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Theodore Goode MD

Address

148 Hanover St

Remarks

RETURN OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1736

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 22 1882
1143 N High

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Fanny Freed
Fanny Hambroger

6. Mother's Maiden Name,

7. Mother's Birthplace,

Emmanuel Freed
Merchant

8. Full Name of Father,

9. Father's Occupation,

City of Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 22nd 1882

4. Place of Birth, (Street and Number)...

18247 Colmanston Ave.

5. Full Name of Mother,

Virginia Powell

6. Mother's Maiden Name,

Stiles

7. Mother's Birthplace,

City

8. Full Name of Father,

James Thomas Powell

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

E. B. Jones M.D.

Address,

18247 E. Balt. St.

Remarks,

Child was dead born, was not at birth. don't know if it breathed or not

Return of a Birth. To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1738

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) White

3. Date of Birth August 22, 1882

4. Place of Birth (Street and Number) Easton & Bagelle

5. Full Name of Mother Mary Eugene Price

6. Mother's Maiden Name Berry

7. Mother's Birthplace Baltimore

8. Full Name of Father Orlando Knapp Price

9. Father's Occupation Merchant

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. D. Dufferin

Address

Hight St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

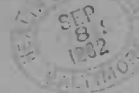


Name: John King Weller
 No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex (state whether Male or Female) White Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth Aug. 22. 82
 4. Place of Birth (Street and Number) West side Carey St. 1 block from
 5. Full Name of Mother Emily Weller
 6. Mother's Maiden Name Burns
 7. Mother's Birthplace Balt. Md
 8. Full Name of Father Samuel C. Weller
 9. Father's Occupation Salesman
 10. Father's Birthplace Balt. Md
 Name of Medical Attendant, or other Person who makes this Return. Geo. J. King
 Address 215 Carroll St
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57540

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
- Sex, (state whether male or female) Female
 - Race or Color, (if not of the white race) White
 - Date of Birth, 22 of August
 - Place of Birth, (Street and Number) Madajira Alle (Court)
 - Full Name of Mother, Margaretha Schmidt
 - Mother's Maiden Name, Hoffman
 - Mother's Birthplace, Baltimore
 - Full Name of Father, Peter Schmidt
 - Father's Occupation, Sailer
 - Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, J. Behnken (Midwife)
- Address, 54 Essex St.
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

4th
Male

White

25th St Aug 23 1892

201 West St.

Dora Kane

Dora Marsplen

St Louis Mo.

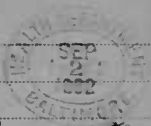
Jos. W. Harris

Can Maker

Balt Mo

Theodore Cook M.D.

146 Nanna St



CITY OF BALTIMORE, DEPARTMENT OF VITAL STATISTICS, IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57542

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Wednesday, August 23rd, 1892

4. Place of Birth, (Street and Number)

303 Lombard St.

5. Full Name of Mother.

Mary E. Brent

6. Mother's Maiden Name,

Mary E. Turner

7. Mother's Birthplace,

Baltimore Co. Md.

8. Full Name of Father,

John Brent

9. Father's Occupation,

C. R. R. Employee

10. Father's Birthplace,

Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return

William Brnlow M.D.

Address,

25 1/2 Government Ave.

Remarks, J.P.

RETURN OF A BIRTH

57543

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57543

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

20 August

4. Place of Birth, (Street and Number)

107 S. Euter street

5. Full Name of Mother,

Mary Droutmann

6. Mother's Maiden Name,

Fin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fred Droutmann

9. Father's Occupation,

Carber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

12 E. Lombert street

Remarks,



OFFICE RECORDS OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57544

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29 August 1882

4. Place of Birth, (Street and Number)

71 Cambridge St

5. Full Name of Mother,

E. Corbida

6. Mother's Maiden Name,

Detoken

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

B. Corbida

9. Father's Occupation,

Saloon

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm. Wiley

Address,

11 Patterson Park, Ar

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 23 August 1887

4. Place of Birth, (Street and Number) 89 Sarah Ann St

5. Full Name of Mother, Fannie M Jackson

6. Mother's Maiden Name, Benjamin

7. Mother's Birthplace, Boston Mass

8. Full Name of Father, James Jackson

9. Father's Occupation, Works with Butchers

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Fannie Snodden

Address No 60 Sarah Ann St

Remarks,



Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5746

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23rd August 1882

4. Place of Birth, (Street and Number) Balto Barnes St No 44

5. Full Name of Mother, Josephine Chandler

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Chandler

9. Father's Occupation, Sailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary O'Rourke

Address, 69 N. Washington St Balto Md

Remarks, Mary O'Rourke

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return



Girl

White

23rd August 1882

Balto 2nd St No 243

Sophie Stenp

Sophie Svaboda

Batavia

Geo. Stenp

Laborer

Germany

Mary Droppel

09 No Washington St Balto Md

Mary Droppel

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W
3. Date of Birth, August 23 1882
4. Place of Birth, (Street and Number) 37 Preston St.
5. Full Name of Mother, Mary Emma Lomb
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, md
8. Full Name of Father, William L Lomb
9. Father's Occupation, waite
10. Father's Birthplace, Va
- Name of Medical Attendant, or other Person who makes this Return G Lane Tansyhill
- Address, 129 W Biddle St.
- Remarks, _____

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

2d

Female

White

Aug 23d 1882

John at Mrs. Cio Smith

Lizzie Kassakotis

Sepuater

Balt. Md.

Albert Kassakotis

Carpenter

Germany

M. B. Bellamy M.D.

256 E. Preston

Office Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as well as their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August-28'82
813 Orleans St.
Laura Halton

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Smith
Maryland
John Halton
Labourer
Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mary A. Smith
286 W. Sprague St.

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar abroad, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

Male

White

August 23rd 1882

116 Essex Street

Mrs. Maggie M. Williams

Mrs. Maggie Kelly

Baltimore City

George M. Williams

Grove Moulder

Baltimore City

Mrs. Rachel A. Garrett

No. 65 Burke St,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 23rd 1882*
4. Place of Birth, (Street and Number) *No 194 N Broadway*
5. Full Name of Mother, *Mrs Katie Haubach*
6. Mother's Maiden Name, *KELTNER*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *August Haubach*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Getzke*
- Address, *No 25 S Bond st*
- Remarks, _____

correct record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
August 23rd
1892
4 184 N. Market
America G. Smith
D. offset
Baltimore, Md
Cyrus G. Smith
Blacksmith.
Baltimore, Md
D. J. Spearman
349 W. Lombard

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57554

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth 1475

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 23rd 1882

4. Place of Birth, (Street and Number)

No. 193 Bank St.

5. Full Name of Mother,

Mrs. Netnah C. Redmond

6. Mother's Maiden Name,

Miss Netnah C. Young

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Mr. John B. Redmond

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Blendinen M.D.

Address,

No. 102 N. Ewa way

Remarks,

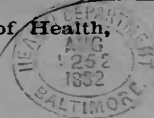


Annual Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August 23

1882

4. Place of Birth, (Street and Number)

No 5 Patapsco St

5. Full Name of Mother,

Elizabeth Elliott

6. Mother's Maiden Name,

Balt city md

7. Mother's Birthplace,

8. Full Name of Father,

unknown to me

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Cliff T. Clinton

Address,

No 23

Patapsco St

Remarks,

Illegitimate

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th & 11th

1. Sex (state whether Male or Female) Both - Female

2. Race or Color (if not of the white race) white

3. Date of Birth Aug 23rd 1882

4. Place of Birth (Street and Number) 648 Light St

5. Full Name of Mother Ann Floliday

6. Mother's Maiden Name Ann M. Case

7. Mother's Birthplace Ireland

8. Full Name of Father Chas. J. Floliday

9. Father's Occupation Laborer in Gas House

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke

Address 513 Light

Remarks



RETURN OF A BIRTH

57557

Return of a Birth

That any physician, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 23^d 1882*
4. Place of Birth (Street and Number) *335 E. Pratt*
5. Full Name of Mother *Marie Auguste Dargen*
6. Mother's Maiden Name *Yeh*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Fredrick Dargen*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

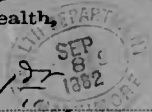


J. Heston
1457. Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 23rd 1882

4. Place of Birth, (Street and Number)

268, Light St

5. Full Name of Mother,

Mary Jackson

6. Mother's Maiden Name,

Mary Atwell

7. Mother's Birthplace,

City

8. Full Name of Father,

George Jackson
Mechanic

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Wm. Noble, M.D.
53 N. Main St

Remarks,

RETURN OF A BIRTH 5759

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 August 1882

4. Place of Birth, (Street and Number)

183 Hudson Street

5. Full Name of Mother,

Mildred Kelly

6. Mother's Maiden Name,

Mildred Goldston

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

John T. Kelly

9. Father's Occupation,

Salmer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Gullens

Address,

104 Easting Street

Remarks,

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Thursday August 24th 1882

4. Place of Birth, (Street and Number)

46 E. Chas. St.

5. Full Name of Mother,

Eleanor Haverstick

6. Mother's Maiden Name,

Eleanor Wells

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Charles Haverstick

9. Father's Occupation,

J. C. R. R. Employee

10. Father's Birthplace,

York Co. Pa.

Name of Medical Attendant, or other Person who makes this Return

Wm. B. Brinton M.D.

Address,

25 1/2 Greenmount Ave.

Remarks,

P.

Return of Birth Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17561

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 24th 1882

4. Place of Birth, (Street and Number)

184. N. Waller St

5. Full Name of Mother.

Maggie Mayer

6. Mother's Maiden Name.

Ecklin

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Mayer

9. Father's Occupation,

Tailor

10. Father's Birthplace.

Germany

Name of Medical Attendant,

or other Person who makes this Return

J. W. Brown M.D.

Address,

10 E. Gay St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth, 24 August

4. Place of Birth, (Street and Number) claret Alley no 10

5. Full Name of Mother, francis gibson

6. Mother's Maiden Name, gibson

7. Mother's Birthplace, st marys co

8. Full Name of Father, william gibson

9. Father's Occupation, single

10. Father's Birthplace, st marys co

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, cross st 138

Remarks,

RETURN OF A BIRTH.

57563

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th child*
(state whether Male or Female) *Female*
Race or Color (if not of the white race) *White*
Date of Birth *August 24th*
Place of Birth (Street and Number) *No 4 Hubbard Alley Baltimore*
Full Name of Mother *Mrs Mary M^r Guire*
Mother's Maiden Name *Mary Eagen*
Mother's Birthplace *Ireland*
Full Name of Father *Patrick M^r Guire*
Father's Occupation *Labor*
Father's Birthplace *Baltimore M D*
Name of Medical Attendant, or other Person who makes this Return. *Mrs Mary Ward*
Address *No 4 Wilkes Alley*
Remarks

RETURN OF A BIRTH, 57564

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 sex (state whether male or female) female
 race or Color, (if not of the white race) white race
 Date of Birth August the 24
 Place of Birth, (Street and Number) Baltimore William St No 384
 Full Name of Mother Elen Ray Singer
 Mother's Maiden Name Elen Wiedemann
 Mother's Birthplace Calverton Co Md
 Full Name of Father John H Ray Singer
 Father's Occupation Mechanic
 Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Eliaketh Hathorn
 Address William St No 384
 Remarks

RETURN OF A BIRTH 57564

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5756A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *first of child*

1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *24th August*
 4. Place of Birth, (Street and Number) *Canton Ave 468*
 5. Full Name of Mother, *Dena Stahn*
 6. Mother's Maiden Name, *Dena Graber*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Louis Stahn*
 9. Father's Occupation, *laborer*
 10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary J. ...*
- Address, *116 Patterson St.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁷⁵⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th Child
Male

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth,

Aug 24th 1882
N. 364 S. Charles.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

Sarah M^{rs}. Hall
Bellevue

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father.

America
Hugh M^{rs}. Hall
Watchman

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

America
J. Lohrasser midwife
330 Hanover St

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57167

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

2

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th August 1892

4. Place of Birth, (Street and Number)

Baltimore Dallas St No 128

5. Full Name of Mother.

Mary Schkie

6. Mother's Maiden Name,

M. Silovitzky

7. Mother's Birthplace,

Bohemia

8. Full Name of Father.

Michael Schkie

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Hopkin

Address,

69 N. Washington St Baltimore

Remarks.

Mary Hopkin

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 24th 1882

4. Place of Birth, (Street and Number)

No 173 Bethel St

5. Full Name of Mother.

Mina Sheffer

6. Mother's Maiden Name.

" Hillgartner

7. Mother's Birthplace,

City

8. Full Name of Father.

Heinrich Sheffer

9. Father's Occupation,

Printer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

#57569

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 24th 1887

4. Place of Birth, (Street and Number)

62 Block St

5. Full Name of Mother,

Elizabeth Evans

6. Mother's Maiden Name,

Ebert

7. Mother's Birthplace,

City

8. Full Name of Father,

Jermer Evans

9. Father's Occupation,

Painter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth B. B. B.

Address,

120 Bank St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th August 1882

4. Place of Birth, (Street and Number)

Balt. N. Wolfe St N. 103

5. Full Name of Mother.

Marg Dennis

6. Mother's Maiden Name.

M. Reese

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father.

Casper Dennis

9. Father's Occupation,

Barther

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Marg Kaphiel

Address.

69 N. Washington St

Remarks,

Marg Kaphiel



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st
Male
Caucasian
Aug 24 (3 A.M.)
No 30 Wilson St
Edith Beane
" female
Baltimore
James H. Beane
Hornes Maker
Baltimore County
E. D. Lee M.D.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 24th 1882 at 5 o'clock P.m.

4. Place of Birth, (Street and Number)

150 Lee Street

5. Full Name of Mother,

Annie Locks

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Alfa Clayton Locks

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Calvert County Md

Name of Medical Attendant, or other Person who makes this Return

Deborah Thomas

Address,

71 Burgundy Alley

Remarks,

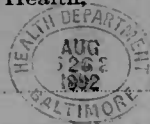


"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Aug 24 1882 10 O'clock Am*

4. Place of Birth, (Street and Number) *71 Lane Street*

5. Full Name of Mother, *Jinnie Thompson*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Columbus Thompson Columbus Thompson*

9. Father's Occupation, *Laundry*

10. Father's Birthplace, *West River Maryland*

Name of Medical Attendant, or other Person who makes this return *Deborn Thomas*

Address, *71 Broadway Alley*

Remarks,

First any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 24th 1881.

4. Place of Birth, (Street and Number)

N^o 15 Stemmers Alley

5. Full Name of Mother,

Mary Concannon

6. Mother's Maiden Name,

Mary Feaney

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Concannon

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Eliza Hemmings

Address,

N^o 95 Allenmarle St

Remarks,

(City)

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 6

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

the 24 August

4. Place of Birth, (Street and Number).....

No 208 Gies. St

5. Full Name of Mother,.....

Mary Huber

6. Mother's Maiden Name,.....

Mary Bohl

7. Mother's Birthplace,.....

Germany

8. Full Name of Father,.....

Ludwig Bohl

9. Father's Occupation,.....

Tolier

10. Father's Birthplace,.....

Germany

Name of Medical Attendant, or other Person who makes this Return.....

Address,.....

Mrs Christina Janer

Remarks,.....

172, 93 Barberer

1882

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *the 24 of August*
4. Place of Birth, (Street and Number) *No. 2 W. St. Baltimore City*
5. Full Name of Mother, *Maggie Ringgullion*
6. Mother's Maiden Name, *Maggie Oresta*
7. Mother's Birthplace, *Pouffols*
8. Full Name of Father, *Ernest Oresta*
9. Father's Occupation, *Stonecutter*
10. Father's Birthplace, *Freeman*
Name of Medical Attendant, or other Person who makes this Return, *Mrs. Kristina Lauer*
Address, *1882*
Remarks, *177 G. W. Barber Ave.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24 August 1882

4. Place of Birth, (Street and Number) 211 Crookson St. Locust Point Bldg

5. Full Name of Mother, Anne Hannigan

6. Mother's Maiden Name, Anne Perry

7. Mother's Birthplace, Co. Waterford Ireland

8. Full Name of Father, John Hannigan

9. Father's Occupation, Carpenter

10. Father's Birthplace, Co. Waterford Ireland

Name of Medical Attendant, or other Person who makes this Return Maggie Etzel

Address, No 13 Cecilia Street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
7
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if nat of the white race)

White

3. Date of Birth,

Aug 24th

4. Place of Birth, (Street and Number)

Belair Road

5. Full Name of Mother,

Mary Koerner

6. Mother's Maiden Name,

Mary Gintendark

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Koerner

9. Father's Occupation,

Beer Wagon Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Miss Brown

Address,

415 St. John St. Bel Air av.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

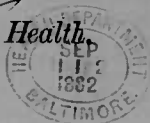
SEP
30
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Friday August 30th. 1882*
4. Place of Birth, (Street and Number) *251 W. Biddle St.*
5. Full Name of Mother, *Mary L. Dupar.*
6. Mother's Maiden Name, *Mary L. Denny*
7. Mother's Birthplace, *Essex Co. Mass.*
8. Full Name of Father, *Horace P. Dupar.*
9. Father's Occupation, *Shoemaker.*
10. Father's Birthplace, *Marblehead, Mass.*
Name of Medical Attendant, or other Person who makes this Return *Wilmer Brewster M.D.*
Address, *207 Greenmount Ave.*
Remarks, *Very Pleasant*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 25th 1882. 3 P.M.*
4. Place of Birth (Street and Number) *46 Chapel st Baltimore*
5. Full Name of Mother *Mary A. Burick*
6. Mother's Maiden Name *Mary A. Elliot*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *George Elven Burick*
9. Father's Occupation *Boat Rider*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Julia A. Green*
- Address *466 N. Gay st Baltimore*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *August 25th 1882*
4. Place of Birth (Street and Number) *219 South Race St*
5. Full Name of Mother *Elizabeth Brown*
6. Mother's Maiden Name *Margaret Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William M. Brown*
9. Father's Occupation *Cotton Dealer*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *A. W. Stephens*
- Address *343 N. Lombard St*
- Remarks

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *colored*
 3. Date of Birth, *august 25th*
 4. Place of Birth, (Street and Number) *no 14 rane st*
 5. Full Name of Mother, *helen johnson*
 6. Mother's Maiden Name, *helen roberts*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *william johnson*
 9. Father's Occupation, *water*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this return *ms Lydia Porter*
 Address, *no 4 pattsco avenue*
 Remarks, *healthy child*

"That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 of August

4. Place of Birth, (Street and Number)

24 Arkamark street

5. Full Name of Mother,

Augusta Wahl

6. Mother's Maiden Name,

Weimer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Wahl

9. Father's Occupation,

Snider

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

78 E. Humbert street

Remarks,

RETURN OF A BIRTH

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 male

1. Sex, (state whether male or female)

decolor

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 of August

4. Place of Birth, (Street and Number)

McQuinnery St 60

5. Full Name of Mother,

Francis Hammond

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Willis Hammond

9. Father's Occupation,

Stenographer

10. Father's Birthplace,

Yorktown Va

Name of Medical Attendant, or other Person who makes this Return

A Wilson

Address,

cross st 138

Remarks,

DULANEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

August 25th, 1882

172 S. Washington Street

Annie Mary Sullivan

Annie Mary Ludwig

Baltimore

James E. Sullivan

Potter

Baltimore

Mr. Wiley

172 S. Washington Street, Baltimore, Md.

I, the undersigned, physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1786

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

10th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 25th 1882

4. Place of Birth, (Street and Number)

1415 S. Charles St

5. Full Name of Mother,

Albertine Weiss

6. Mother's Maiden Name,

Walter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Weiss

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Lohmeyer midwife
330 Hanover St.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August 25th 1882

4. Place of Birth, (Street and Number)

No. 127 N. Bethel Street

5. Full Name of Mother,

Mrs. Virginia Belle Johnson

6. Mother's Maiden Name,

Miss Virginia Belle Steiner

7. Mother's Birthplace,

Baltimore County, Md.

8. Full Name of Father,

Daniel Johnson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Amel Amundel Co. Md.

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Clevinger M.D.

Address,

No. 102 N. Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 1788

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 25th Baltimore 1892
4. Place of Birth, (Street and Number) Baltimore? North West Street
5. Full Name of Mother Mary Virginia Thomas
6. Mother's Maiden Name Mary Virginia Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Oliver, H. Thomas
9. Father's Occupation Officer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sarah Cleary
- Address 1233 Light Street
- Remarks _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Other as birth

RETURN OF A BIRTH 57587

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex, (state whether male or female) Female
 - Race or Color, (if not of the white race) White
 - Date of Birth, August 25th 1882 8 A.M.
 - Place of Birth, (Street and Number) No 72 S. Poppleton St.
 - Full Name of Mother, Ellen Virginia McCallum
 - Mother's Maiden Name, Johnson
 - Mother's Birthplace, Baltimore Md.
 - Full Name of Father, John Calvin McCallum
 - Father's Occupation, Conductor B. & O. R.
 - Father's Birthplace, Frederick City Md.
 - Name of Medical Attendant, or other Person who makes this Return, Dr. Wm. H. Stumbley M.D.
 - Address, No. 205 N. Lombard St.
 - Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5799a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex (state whether Male or Female) *M.*
 2. Race or Color (if not of the white race) *Negro*
 3. Date of Birth *Aug. 26, 1882*
 4. Place of Birth (Street and Number) *2 Little Pine St*
 5. Full Name of Mother *Mary E. Page,*
 6. Mother's Maiden Name *Smith,*
 7. Mother's Birthplace *Virginia,*
 8. Full Name of Father *Maynard Page,*
 9. Father's Occupation *Writer,*
 10. Father's Birthplace *Virginia*
 Name of Medical Attendant, or other Person who makes this Return. *J. L. Doyle M.D.*
 Address *247 Lawale*
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17591

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth August 2nd 1882

4. Place of Birth, (Street and Number) 67 Dallas street

5. Full Name of Mother Mary E. Smith

6. Mother's Maiden Name Mary E. Lee

7. Mother's Birthplace Baltimore city

8. Full Name of Father John J. Smith

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary corner 153

Address 67 Dallas street Baltimore

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5792

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 25th 1882

4. Place of Birth, (Street and Number) No 10 Spruce alley

5. Full Name of Mother, Maria Benline

6. Mother's Maiden Name, " Paustner

7. Mother's Birthplace, City

8. Full Name of Father, Frank Benline

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Doherty

Address, 120 Doherty St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug 25th 1882*
4. Place of Birth (Street and Number) *Ches at near Riggs St*
5. Full Name of Mother *Mary Gill*
6. Mother's Maiden Name *Cross*
7. Mother's Birthplace *Balls*
8. Full Name of Father *Hackman Gill*
9. Father's Occupation *Car painter*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *W B Bellinger*
- Address *256 E Bolton*
- Remarks

Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First - 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 25th - 1882

4. Place of Birth, (Street and Number)

11th cor. Jefferson & Washington Sts

5. Full Name of Mother,

Elizabeth Coach

6. Mother's Maiden Name,

" Kemece

7. Mother's Birthplace,

Pilsen Bohemia

8. Full Name of Father,

Frank Coach

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Vozdov Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address,

210 20 Barnes St. Balto

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 25 82 12 AM

4. Place of Birth, (Street and Number)

Mater nite Hosp 161 McEwen St

5. Full Name of Mother,

Lillie Cook

6. Mother's Maiden Name,

SO.

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Wm Lusk M.D. Phy

Address,

Mater nite Hosp 161 McEwen St

Remarks,

Illegitimate

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57596

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August-25-92

4. Place of Birth, (Street and Number)

66 Holiday St
Becelia Hernsing

5. Full Name of Mother,

Stallings
Baltimore

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

John H. Hernsing
Horsley

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Altwelt

Address,

286 McSpangh St

Remarks,

RETURN OF A BIRTH

57597

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57497

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 25th*

4. Place of Birth, (Street and Number) *B 131 Cedar St*

5. Full Name of Mother, *Sally Doherty*

6. Mother's Maiden Name, *L. Kegan*

7. Mother's Birthplace, *Washington*

8. Full Name of Father, *Charles Doherty*

9. Father's Occupation, *Railroad Laborer*

10. Father's Birthplace, *Charles Town*

Name of Medical Attendant, or other Person who makes this Return *Rosa Ollivier*

Address, *48 Halden St*

Remarks, *B x 100 - 10*

That any Physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 17598

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

25 August 1882

4. Place of Birth, (Street and Number)

125 Asquith St

5. Full Name of Mother

Rachel Clark

6. Mother's Maiden Name

Rachel Boring

7. Mother's Birthplace

Barrett County

8. Full Name of Father

William T. Clark

9. Father's Occupation

Pattern Maker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who made the return.

Amanda G. Harne

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1799

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

August 25

4. Place of Birth, (Street and Number)

Baltimore Md

No 114 1/2 alley Belmont

5. Full Name of Mother,

Elizabeth

Wise

6. Mother's Maiden Name,

Elizabeth Dix

7. Mother's Birthplace,

Accomac Co Va

8. Full Name of Father,

John E. Wise

9. Father's Occupation,

labor Long Show

10. Father's Birthplace,

Accomac Co. Va

Name of Medical Attendant, or other Person who makes this Return

Miller Cross

Address,

12 plain chdery

Remarks,

may physicians, accountants, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17604

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 25 1882

4. Place of Birth, (Street and Number)

354 Aliceanna St

5. Full Name of Mother

Louise Koch

6. Mother's Maiden Name,

Riefner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Peter Koch

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4th child

Male

White

Aug. 25-

St. Mary's Court No. 1

Annie ~~Bean~~ McLean

Annie Bean

York Penn.

Wm. B. McLean

Laborer.

Baltimore.

Mrs. Ida Sadler

57 George St.

SEP
1902
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
August 23-1882
1860 Kings St
Kate Alice Brown
Kate Brown
Ireland
Hugh Mac Brown
Ship Painter
Ireland
Wm H. [unclear]
345 [unclear]

RETURN OF A BIRTH

57602

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th August 1882

4. Place of Birth, (Street and Number) 869, S. State St. St

5. Full Name of Mother, Annie E. Alderman

6. Mother's Maiden Name, Annie E. Alderman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William A. Alderman

9. Father's Occupation, Clothing Store

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Meseroff

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 25th 1882

4. Place of Birth (Street and Number)

No. 13 Whetstone St.

5. Full Name of Mother

Mrs. Mary Miller

6. Mother's Maiden Name

Leyburn

7. Mother's Birthplace

Balt. City

8. Full Name of Father

John Miller

9. Father's Occupation

Coach Painter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address

Wm. W. Murray M.D.

Remarks

308 W. Fayette St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 Aug 1892

4. Place of Birth, (Street and Number)

146 N. High St. Balt.

5. Full Name of Mother,

Mrs. Louisa Becker

6. Mother's Maiden Name,

Louisa Wagner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John C. Becker

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Louisa E. J. G. G. G.

Address,

1220 N. Howard St. Balt.

Remarks,

Within six days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57606

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, August 26th 1882
4. Place of Birth, (Street and Number) Bridgley St. 113
5. Full Name of Mother, Isiah Deams
6. Mother's Maiden Name, Isiah Downing
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ad Deams
9. Father's Occupation, Arab
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Shaffer

Address, 114 Bridgley St

Remarks, _____

That any physician, seamen, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 August

4. Place of Birth, (Street and Number)

16 Concord street

5. Full Name of Mother,

Mary Swift

6. Mother's Maiden Name,

Lock

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry B. Twist

9. Father's Occupation,

Fruit Packer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17608

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 26.

4. Place of Birth, (Street and Number)

No. 1 S. Bartlett St.

5. Full Name of Mother,

Maria Sabotta Dietz

6. Mother's Maiden Name,

M. Bab. Dietz

7. Mother's Birthplace,

König-Reich Bayern Germany

8. Full Name of Father,

G. Christian Dietz

9. Father's Occupation,

Carriage Maker.

10. Father's Birthplace,

König-Reich Württemberg Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Catherine DeLoach

Address,

439 W. Pratt St.

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

54610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

N^o 6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29th August

4. Place of Birth, (Street and Number)

N^o 532 Sharford st

5. Full Name of Mother,

Matie Powers

6. Mother's Maiden Name,

Matie Fangan

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

William Powers

9. Father's Occupation,

city car driver

10. Father's Birthplace,

Canada

Name of Medical Attendant,

or other Person who makes this Return

M^{rs} June E. Bayless

Address,

N^o 386 Sharford st

Remarks,

RETURN OF A BIRTH 57611

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th August 1882

4. Place of Birth, (Street and Number) Balta Orleans St No 370

5. Full Name of Mother, Lizzie Weiner

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Germany

8. Full Name of Father, George Weiner

9. Father's Occupation, Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return E. Mary Raptish

Address, 69 N. Washington St

Remarks, Mary Raptish



that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

I, any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

August 26th 1882

4. Place of Birth, (Street and Number)

167 E Baltimore St.

5. Full Name of Mother...

Mary Hagen

6. Mother's Maiden Name.

" Hashert

7. Mother's Birthplace,

City

8. Full Name of Father.

John Hagen

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

128 Bank St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 26th 1882

4. Place of Birth, (Street and Number)

145 S. Ann. St.

5. Full Name of Mother,

Eva Gink

6. Mother's Maiden Name,

" Everts

7. Mother's Birthplace,

City

8. Full Name of Father,

John H. Gink

9. Father's Occupation,

Baker

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. Elizabeth Gink

Address,

120 Bank St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 26th 1882

4. Place of Birth, (Street and Number) No 52 Rose St

5. Full Name of Mother, Anna Junner

6. Mother's Maiden Name, " Rosenmueller

7. Mother's Birthplace, Germany

8. Full Name of Father, Andreas Junner

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Getz

Address, 120 Bank St.

Remarks,

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY. 5761A



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 August 1882

4. Place of Birth, (Street and Number)

Boyle Chapel Court No

5. Full Name of Mother

Josephine Novak

6. Mother's Maiden Name

J. Korky

7. Mother's Birthplace

Bohemia

8. Full Name of Father

John Novak

9. Father's Occupation

Labour

10. Father's Birthplace

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Ropinski

Address,

69 N. Washington St

Remarks,

Mary Ropinski

C. DULANT & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

5761A

4 or
ward,
children
vidence

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5 Birth
Boi
Weis
26 August
469 Street No 73
Ottilie Skommer
" " Robert
Baltimore
Karl Skommer
Baltimore
Mrs. Onauret
Lombard Street No 278

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57617

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

August 28th 1912

4. Place of Birth (Street and Number)

315 N. Archer

5. Full Name of Mother

Pauline

6. Mother's Maiden Name

Matfeld

7. Mother's Birthplace

Polto

8. Full Name of Father

George Siemens

9. Father's Occupation

Box Maker

10. Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

Arthur Lewis M.D.

Address

137 W. Fayette

Remarks

57618

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug. 26th 1882

4. Place of Birth, (Street and Number)

102 Dallas St.

5. Full Name of Mother,

Matilda Turner

6. Mother's Maiden Name,

Brown Hill Md

7. Mother's Birthplace,

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Leah Wacker

Address,

15 Duncan Hwy

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *Aug 21st*
- Place of Birth, (Street and Number) *114 95th Bond St*
- Full Name of Mother, *Mrs Sarah Thabel Snyder*
- Mother's Maiden Name, *Baltimore*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Joseph Thabel*
- Father's Occupation, *Baller*
- Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *No 614 Bond St*

Remarks,

"That any physician, surgeon, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5/620

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

August 20 1882

4. Place of Birth, (Street and Number)

507 McCabe St

5. Full Name of Mother,

Beale Lockins

6. Mother's Maiden Name,

Beale Series

7. Mother's Birthplace,

Nordegass

8. Full Name of Father,

Andry Lockins

9. Father's Occupation,

Labor

10. Father's Birthplace,

Dorchester County

Name of Medical Attendant, or other Person who make this Return

Lucinda Woodford

Address,

136 N. Register

Remarks,

5-621

E CITY.

- leaves
white

August 26 1882

See Park & Road 45

Fig. 10. 1. Cox
2. 1st. 2nd. 3rd. 4th. 5th. 6th. 7th. 8th. 9th. 10th. 11th. 12th. 13th. 14th. 15th. 16th. 17th. 18th. 19th. 20th. 21st. 22nd. 23rd. 24th. 25th. 26th. 27th. 28th. 29th. 30th. 31st. 32nd. 33rd. 34th. 35th. 36th. 37th. 38th. 39th. 40th. 41st. 42nd. 43rd. 44th. 45th. 46th. 47th. 48th. 49th. 50th. 51st. 52nd. 53rd. 54th. 55th. 56th. 57th. 58th. 59th. 60th. 61st. 62nd. 63rd. 64th. 65th. 66th. 67th. 68th. 69th. 70th. 71st. 72nd. 73rd. 74th. 75th. 76th. 77th. 78th. 79th. 80th. 81st. 82nd. 83rd. 84th. 85th. 86th. 87th. 88th. 89th. 90th. 91st. 92nd. 93rd. 94th. 95th. 96th. 97th. 98th. 99th. 100th. 101st. 102nd. 103rd. 104th. 105th. 106th. 107th. 108th. 109th. 110th. 111th. 112th. 113th. 114th. 115th. 116th. 117th. 118th. 119th. 120th. 121st. 122nd. 123rd. 124th. 125th. 126th. 127th. 128th. 129th. 130th. 131st. 132nd. 133rd. 134th. 135th. 136th. 137th. 138th. 139th. 140th. 141st. 142nd. 143rd. 144th. 145th. 146th. 147th. 148th. 149th. 150th. 151st. 152nd. 153rd. 154th. 155th. 156th. 157th. 158th. 159th. 160th. 161st. 162nd. 163rd. 164th. 165th. 166th. 167th. 168th. 169th. 170th. 171st. 172nd. 173rd. 174th. 175th. 176th. 177th. 178th. 179th. 180th. 181st. 182nd. 183rd. 184th. 185th. 186th. 187th. 188th. 189th. 190th. 191st. 192nd. 193rd. 194th. 195th. 196th. 197th. 198th. 199th. 200th. 201st. 202nd. 203rd. 204th. 205th. 206th. 207th. 208th. 209th. 210th. 211th. 212th. 213th. 214th. 215th. 216th. 217th. 218th. 219th. 220th. 221st. 222nd. 223rd. 224th. 225th. 226th. 227th. 228th. 229th. 230th. 231st. 232nd. 233rd. 234th. 235th. 236th. 237th. 238th. 239th. 240th. 241st. 242nd. 243rd. 244th. 245th. 246th. 247th. 248th. 249th. 250th. 251st. 252nd. 253rd. 254th. 255th. 256th. 257th. 258th. 259th. 260th. 261st. 262nd. 263rd. 264th. 265th. 266th. 267th. 268th. 269th. 270th. 271st. 272nd. 273rd. 274th. 275th. 276th. 277th. 278th. 279th. 280th. 281st. 282nd. 283rd. 284th. 285th. 286th. 287th. 288th. 289th. 290th. 291st. 292nd. 293rd. 294th. 295th. 296th. 297th. 298th. 299th. 300th. 301st. 302nd. 303rd. 304th. 305th. 306th. 307th. 308th. 309th. 310th. 311th. 312th. 313th. 314th. 315th. 316th. 317th. 318th. 319th. 320th. 321st. 322nd. 323rd. 324th. 325th. 326th. 327th. 328th. 329th. 330th. 331st. 332nd. 333rd. 334th. 335th. 336th. 337th. 338th. 339th. 340th. 341st. 342nd. 343rd. 344th. 345th. 346th. 347th. 348th. 349th. 350th. 351st. 352nd. 353rd. 354th. 355th. 356th. 357th. 358th. 359th. 360th. 361st. 362nd. 363rd. 364th. 365th. 366th. 367th. 368th. 369th. 370th. 371st. 372nd. 373rd. 374th. 375th. 376th. 377th. 378th. 379th. 380th. 381st. 382nd. 383rd. 384th. 385th. 386th. 387th. 388th. 389th. 390th. 391st. 392nd. 393rd. 394th. 395th. 396th. 397th. 398th. 399th. 400th. 401st. 402nd. 403rd. 404th. 405th. 406th. 407th. 408th. 409th. 410th. 411th. 412th. 413th. 414th. 415th. 416th. 417th. 418th. 419th. 420th. 421st. 422nd. 423rd. 424th. 425th. 426th. 427th. 428th. 429th. 430th. 431st. 432nd. 433rd. 434th. 435th. 436th. 437th. 438th. 439th. 440th. 441st. 442nd. 443rd. 444th. 445th. 446th. 447th. 448th. 449th. 450th. 451st. 452nd. 453rd. 454th. 455th. 456th. 457th. 458th. 459th. 460th. 461st. 462nd. 463rd. 464th. 465th. 466th. 467th. 468th. 469th. 470th. 471st. 472nd. 473rd. 474th. 475th. 476th. 477th. 478th. 479th. 480th. 481st. 482nd. 483rd. 484th. 485th. 486th. 487th. 488th. 489th. 490th. 491st. 492nd. 493rd. 494th. 495th. 496th. 497th. 498th. 499th. 500th. 501st. 502nd. 503rd. 504th. 505th. 506th. 507th. 508th. 509th. 510th. 511th. 512th. 513th. 514th. 515th. 516th. 517th. 518th. 519th. 520th. 521st. 522nd. 523rd. 524th. 525th. 526th. 527th. 528th. 529th. 530th. 531st. 532nd. 533rd. 534th. 535th. 536th. 537th. 538th. 539th. 540th. 541st. 542nd. 543rd. 544th. 545th. 546th. 547th. 548th. 549th. 550th. 551st. 552nd. 553rd. 554th. 555th. 556th. 557th. 558th. 559th. 560th. 561st. 562nd. 563rd. 564th. 565th. 566th. 567th. 568th. 569th. 570th. 571st. 572nd. 573rd. 574th. 575th. 576th. 577th. 578th. 579th. 580th. 581st. 582nd. 583rd. 584th. 585th. 586th. 587th. 588th. 589th. 590th. 591st. 592nd. 593rd. 594th. 595th. 596th. 597th. 598th. 599th. 600th. 601st. 602nd. 603rd. 604th. 605th. 606th. 607th. 608th. 609th. 610th. 611th. 612th. 613th. 614th. 615th. 616th. 617th. 618th. 619th. 620th. 621st. 622nd. 623rd. 624th. 625th. 626th. 627th. 628th. 629th. 630th. 631st. 632nd. 633rd. 634th. 635th. 636th. 637th. 638th. 639th. 640th. 641st. 642nd. 643rd. 644th. 645th. 646th. 647th. 648th. 649th. 650th. 651st. 652nd. 653rd. 654th. 655th. 656th. 657th. 658th. 659th. 660th. 661st. 662nd. 663rd. 664th. 665th. 666th. 667th. 668th. 669th. 670th. 671st. 672nd. 673rd. 674th. 675th. 676th. 677th. 678th. 679th. 680th. 681st. 682nd. 683rd. 684th. 685th. 686th. 687th. 688th. 689th. 690th. 691st. 692nd. 693rd. 694th. 695th. 696th. 697th. 698th.

De Commission

Henry Co.

Joe Clark
R. L. Clark

Barbours
Fullitt

7/11 Littleton

12138 *Alnus*

-14- U. S. DEPARTMENT OF JUSTICE, CITY DIRECTOR AND STATIONER

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father.
9. Father's Occupation,
10. Father's Birthplace,

Whila

August 26, 1884

1 Chance, 21 Ave.

Amabel - 5.5.7.1

Almaty, 8 Feb

Becken

W. C. George

Michael

13. CCL -

St. Louis, Mo.

1916, June 10

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57623

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Male

3. Date of Birth,

Aug 25 - 1882

4. Place of Birth, (Street and Number)

Sydney & Catherine St

5. Full Name of Mother,

Lady Linn Edwards

6. Mother's Maiden Name,

" Linn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Edwards

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Va

Name of Medical Attendant, or other Person who makes this return

C. B. Hamblett M.D.

Address,

54 Calver St

Remarks,

Stillborn child

RETURN OF A BIRTH

57624

This may only be filled out, according to the instructions, of other persons in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

Female

White

August 26

857 W. Pratt St

Mary H. Gies

= Miller

Baltimore

Frank Gies

Candy Maker

Germany

Mrs Annie Lindner

45 S. Monroe St.

5762A

HEALTH DEPARTMENT
SEP 4 1992
ST. LOUIS, MO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Baltimore. August 13th 1892

1. Sex, (state whether male or female) *male*.

mafe.

2. Race or Color, (if not of the white race)

Lord.

3. *Date of Birth,*

Land. Monday. August. the 26. 1822.

4. *Place of Birth, (Street and Number)*

No 192. ~~St.~~ Inselst. St.

5. Full Name of Mother,...

Refuse. Jane. Crosby

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

JAMES CROSFY.

9. *Father's Occupation.*

10. *Father's Birthplace,*

but he?

Name of Medical Attendant, or other Person who makes this Return

2. ten. dad. by. mi Les. Gustave.

Address.

Remarks.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Eighth, 8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 26 - 1882

4. Place of Birth, (Street and Number)

Cometary Lane No 17

5. Full Name of Mother,

Barbara Schneider

6. Mother's Maiden Name,

Wiederstellen ^{sent now} Prussen Germany

7. Mother's Birthplace,

8. Full Name of Father,

Conrad Schneider

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Prussen Germany

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address,

No 30 Barnes St Balto

Remarks,



1. I, the undersigned, physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 26

4. Place of Birth, (Street and Number)

Belmont St. No. 121

5. Full Name of Mother,

Katherine Lee

6. Mother's Maiden Name,

W. Lapper

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

William Lee

9. Father's Occupation,

Business

10. Father's Birthplace,

Balt.

Name of Medical Attendant,

or other Person who makes this Return

Wm. Lee

Address,

Belmont St. No. 121

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57638

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *of the white race.*
3. Date of Birth, *28th of August 1882*
4. Place of Birth, (Street and Number) *No. 2301 East Lombard. Balt^o*
5. Full Name of Mother, *Cecilia Heisel Winers*
6. Mother's Maiden Name, *Cecilia Heisel*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Charles Winers*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this return *Dr. John David Guberson*
- Address, *1235 N. Frederick St. Md.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57629

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August 27th 1882

4. Place of Birth, (Street and Number)

13 Montgomery St

5. Full Name of Mother.

Charlotte Brown

6. Mother's Maiden Name,

Charlotte Wright

7. Mother's Birthplace,

Kent Island Queenan in Gen. Md

8. Full Name of Father,

Solomon W. Brown

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Kent Island Queenan in Gen. Md

Name of Medical Attendant, or other Person who makes this Return

Sarah A Brown

Address,

292 East 1st St

Remarks,

BULLY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57630

RETURN OF A BIRTH *57630*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored.

3. Date of Birth,

August 27th 1882.

4. Place of Birth, (Street and Number)

No. 2 Barris Alley.

5. Full Name of Mother,

Eugenia Withins

6. Mother's Maiden Name,

Eugenia Emey.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Withins

9. Father's Occupation,

Slaver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. J. Butt.

Address, *No 185 S.E. cor Centre av. & Monument St.*

Remarks, *All Well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

57361
57631
Female
White
27 Aug 1882
119 Mosher St
Margaret Byrd
" " " " " " " "
M. " " " " " " "
Allison R. Byrd
Clark
M. " " " " " " "
M. S. Marice
Stricklee & Townsend

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57602

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) ...

Boy

2. Race or Color, (if not of the white race) ...

White

3. Date of Birth, ...

27 of August 1882.

4. Place of Birth, (Street and Number) ...

No 106 Boston Street.

5. Full Name of Mother, ...

Louise Georgien

6. Mother's Maiden Name, ...

Louise Dunker.

7. Mother's Birthplace, ...

Baltimore.

8. Full Name of Father, ...

Nick Dunker.

9. Father's Occupation, ...

Redder.

10. Father's Birthplace, ...

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel

Address, ...

71 North Chappel Street per Justina Kunkel.

Remarks, ...

Healthy.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth Sunday, August 27,
4. Place of Birth, (Street and Number) # 444 Calhoun St.
5. Full Name of Mother Alice M. Cooburn
6. Mother's Maiden Name Alice Butterfield
7. Mother's Birthplace Saratoga Springs, N.Y.
8. Full Name of Father Walter Eugene Cooburn
9. Father's Occupation Printer
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Carroll,
- Address Patterson Avenue, #7.
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57634

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 27th 1882

4. Place of Birth, (Street and Number)

Maternity Hosp - 161 W Lomb St

5. Full Name of Mother,

Mary Caudel

6. Mother's Maiden Name,

Unknown

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Wm Lusk Chesapeake

Address,

Maternity Hosp - 161 W Lomb St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 27th 1

4. Place of Birth, (Street and Number)

173 Monument St

5. Full Name of Mother.

Maggie Toller

6. Mother's Maiden Name.

Minster

7. Mother's Birthplace,

Hagerstown Md

8. Full Name of Father.

Samuel Toller

9. Father's Occupation,

Brickman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Dr. W. H. Wieg

Address,

48 Halland St

Remarks,

Balt Md

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 27th 1882*

4. Place of Birth, (Street and Number) *No 14th East St*

5. Full Name of Mother, *Rosina King*

6. Mother's Maiden Name, *Keas*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Thomas King*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Betz*

Address, *120 Grand St*

Remarks.

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57637

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 31st 1882

4. Place of Birth, (Street and Number)

78 Block St.

5. Full Name of Mother,

Mary Doretti

6. Mother's Maiden Name,

" Joann

7. Mother's Birthplace,

Italy

8. Full Name of Father,

James Doretti

9. Father's Occupation,

Shoe carpenter

10. Father's Birthplace,

Italy

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Elizabeth Bell

Address,

120 Bank St.

Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 27, 1882
4. Place of Birth (Street and Number) 413 N. Caroline
5. Full Name of Mother Lucie Rogers
6. Mother's Maiden Name Lucie Robbins
7. Mother's Birthplace Bald. City
8. Full Name of Father Wm. Rogers
9. Father's Occupation Driver
10. Father's Birthplace Bald. City
- Name of Medical Attendant, or other Person who makes this Return. James E. Emmelle M.D.
- Address 297 E. Baltimore St.
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

17639

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 27, 1882*
4. Place of Birth (Street and Number) *133 E. Broadway*
5. Full Name of Mother *Julia Wahl Budike*
6. Mother's Maiden Name *Julia Budike*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Budike*
9. Father's Occupation *Carriage Driver*
10. Father's Birthplace *North Carolina*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Drmille M.D.*
- Address *299 E. Baltimore St.*
- Remarks

and the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 27 '82
836 E Fayette St-

4. Place of Birth, (Street and Number)

Mary E Lee

5. Full Name of Mother,

Rodley

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

John H Lee

8. Full Name of Father,

Machinist

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mary A. Howell

Address,

286 McPonogh St-

Remarks,

RETURN OF A BIRTH ⁵⁷⁶⁴¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 27 1892

4. Place of Birth, (Street and Number) 139 S. Exeter St

5. Full Name of Mother, Theresa Hartmann

6. Mother's Maiden Name, Justus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Hartmann

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs Louise Kraft
or other Person who makes this Return

Address, 236 Canton Ave

Remarks...

advise at the birth of any child, within the City of Baltimore, about report to the registrar addressed, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57642

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

Aug. 2nd 1882
 W. Schuppelstr 110 200
 Catharine Mabel
 Ruston
 Burroughs
 Jacob Mabel
 Baker
 Burroughs
 Mary Elizabeth
 Schuppelstr 110 14

57643

Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, ...

4. Place of Birth, (Street and Number)

5. Full Name of Mother, ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return

Address, ...

Remarks, ...

Aug 27
Baltimore No 322.
Elizabeth Schumann
Hall
Balt.
W. Schumann
Lumber
Balt.
Wm. A. Brantner
B. Hall's No 121

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *August 27th 1882*

4. Place of Birth (Street and Number) *Balt. City 205 Madison Ave.*

5. Full Name of Mother *Easther A. LaBar*

6. Mother's Maiden Name *Easther A. Burley*

7. Mother's Birthplace *Balt. City Md*

8. Full Name of Father *Augustus LaBar*

9. Father's Occupation *Carter*

10. Father's Birthplace *Balt. City Md*

Name of Medical Attendant, or other Person who makes this Return *Annie Johnson*

Address *92 Tyson St*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57645

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th child

- 1. Sex, (state whether male or female) Male
- 2. Race or Color, (if not of the white race) White
- 3. Date of Birth, August 28 1882
- 4. Place of Birth, (Street and Number) Hamburg St No 81
- 5. Full Name of Mother, Catherine Frost
- 6. Mother's Maiden Name, Catherine Bess
- 7. Mother's Birthplace, Baltimore
- 8. Full Name of Father, Frederick Frost
- 9. Father's Occupation, Stonecutter
- 10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Anderson
Address, No 10 Bays Street

Remarks,

I, the undersigned, physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57646

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



First
Female

White

August 28th 1882.

142 Edmonson Ave.

Mary Ruth Cottingham

Reading

Maryland

Sumnerfield Frank Cottingham

Manufacturer of Agricultural Implements

Baltimore City

J. Chilton M.D.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, *Aug 28th*

4. Place of Birth, (Street and Number) *Barlett st N: 2*

5. Full Name of Mother, *Mrs. Strauch*

6. Mother's Maiden Name, *Minnie Schulz*

7. Mother's Birthplace, *Pozen, Prussia*

8. Full Name of Father, *John Strauch*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Pozen, Prussia*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Catherine Seebach
439 west Pratt St

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 28
1882

4. Place of Birth, (Street and Number)

152 N Gilmer St
Elizabeth Holmes

5. Full Name of Mother,

Emerich

6. Mother's Maiden Name,

Bahr

7. Mother's Birthplace,

Edmond Holmes

8. Full Name of Father,

Merchant

9. Father's Occupation,

Cumtulan

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return.

J. M. Wilson

Address,

251 Mad. ave.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4th)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 28th 1882

4. Place of Birth, (Street and Number)

N. E. Cor. Patterson Park Avenue and E. Fayette St.

5. Full Name of Mother,

Mrs. Fanny Rebecca Vain

6. Mother's Maiden Name,

Miss F. R. Smith

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. James Henry Vain

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Amherst, Virginia

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Glendine M.D.

Address,

No 102 N Broadway

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5765A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race) White
3. Date of Birth August 28 1882
4. Place of Birth (Street and Number) 119 Orleans St.
5. Full Name of Mother Marah Patton
6. Mother's Maiden Name Marah Jacksonman
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Patton
9. Father's Occupation Culcher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. James E. Drinnell M.D.
- Address 299 E. Baltimore St.
- Remarks

When any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57651

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 28, 1892
4. Place of Birth, (Street and Number) E. Fayette St. 141
5. Full Name of Mother, Elizabeth Müller
6. Mother's Maiden Name, Elisabeth Seidel
7. Mother's Birthplace, Langgryn, Prussia
8. Full Name of Father, Hermann Müller
9. Father's Occupation, shoemaker
10. Father's Birthplace, Leichhausen, Prussia

Name of Medical Attendant, or other Person who makes this Return, Dr. E. Müller

Address, N. Dallas St. 5326

Remarks,

DULANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57652

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *57652*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

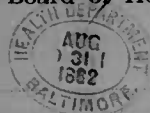


advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17653

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4~

1. Sex, (state whether male or female)

2

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Aug 28 1882

4. Place of Birth, (Street and Number)

68 Druid Hill Ave

5. Full Name of Mother,

Mary Kafka
Banker

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

Joseph Kafka
Junk Dealer

8. Full Name of Father,

Poland

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr R Winslow

Address,

201 W. Biddle St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57654

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Twins female

2. Race or Color, (if not of the white race) White

3. Date of Birth 28 August 1882

4. Place of Birth, (Street and Number) 88 Enson St

5. Full Name of Mother Mary E Harrison

6. Mother's Maiden Name Mary E Mcneelin

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Albert W Harrison

9. Father's Occupation Electrotype foundry

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Amanda Mearns

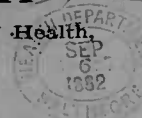
Address 378 East Monument St

Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57658

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 19
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Aug 28 1882
 4. Place of Birth, (Street and Number) 92 Lombard St
 5. Full Name of Mother, Annell Brown
 6. Mother's Maiden Name, Harriet West
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Harry Brown
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Mrs. E. Gray
 Address, 193 Third
 Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17656

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 28 1882

4. Place of Birth, (Street and Number)

185 Rockville St

5. Full Name of Mother,

Eva Mallory

6. Mother's Maiden Name,

Burn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Mallory

9. Father's Occupation,

laborer

10. Father's Birthplace,

Winn Haven MD

Name of Medical Attendant, or other Person who makes this Return

Mrs. E. Gray

Address,

793 Cherry St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

EVERETT 3-13-57
RETURN OF A BIRTH 17657

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY. "

Morris H. Ellis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, August-28-1882
4. Place of Birth, (Street and Number) 201. Hamburg-
5. Full Name of Mother, Annie Howell
6. Mother's Maiden Name, Annie E. Ellis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, For John Ellis
9. Father's Occupation, Baltimore
10. Father's Birthplace, born in

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Chas. Clifton Green
15 R. Franklin Alley



RETURN OF A BIRTH

17658

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
1
1882

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

125

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Aug. 28, 1882

4. Place of Birth, (Street and Number)

440 N. Washington.

5. Full Name of Mother,

Lucy Ditz.

6. Mother's Maiden Name,

Schneider.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Andrew Ditz.

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

A. J. Erick M.D.

Address,

95 Park Ave.

Remarks,

17659

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5766a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 28 1882

4. Place of Birth, (Street and Number)

74 Henriette St

5. Full Name of Mother,

Allie Cook

6. Mother's Maiden Name,

Allie Johnson
Md

7. Mother's Birthplace,

8. Full Name of Father,

Edw. H. Cook, Jr
Grocery Merchant
Baltimore

9. Father's Occupation,

10. Father's Birthplace,

HB Noble Md

Name of Medical Attendant, or other Person who makes this Return

Address,

50 Hanover

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 11-14-82

RETURN OF A BIRTH.

57661

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Charles Boone Sadler



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 28th 1882

4. Place of Birth (Street and Number) 324 Lafayette Avenue

5. Full Name of Mother Mary A. Sadler

6. Mother's Maiden Name Mary A. Thompson

7. Mother's Birthplace Philadelphia

8. Full Name of Father Painter David M. Sadler

9. Father's Occupation Painter

10. Father's Birthplace Arkansas

Name of Medical Attendant, or other Person who made this Return

Address

Remarks

Alm. J. Belland

234 Madison Avenue

RETURN OF A BIRTH

57661

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 28th 1882
4. Place of Birth (Street and Number) 95. Laurel St.
5. Full Name of Mother Lula Richards
6. Mother's Maiden Name Lula Richards
7. Mother's Birthplace Alexandria Va
8. Full Name of Father A. Kirkland Weeks
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. J. Behr M.D.

Address

234 Madison Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57663

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 12 1892

4. Place of Birth, (Street and Number)

1840 Saratoga

5. Full Name of Mother

Ann M. Huntington

6. Mother's Maiden Name

Aggie Reed

7. Mother's Birthplace,

Baltimore

8. Full Name of Father

William Huntington

9. Father's Occupation,

Marine Aid

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. W. Meserich

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57664

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 29th 1882

4. Place of Birth, (Street and Number)

N. E. Saratoga Pine St

5. Full Name of Mother,

Sarah B. Franklin

6. Mother's Maiden Name,

Sarah B. Stricker

7. Mother's Birthplace,

Yonkers

8. Full Name of Father,

James A. Franklin

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Carol Co Md

Name of Medical Attendant, or other Person who makes this Return

Theodore Coote M.D.

Address,

1468 Hanover St

Remarks,

57668

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5766A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 29th 1892

4. Place of Birth, (Street and Number)

646 S. Charles St.
Kato Letty

5. Full Name of Mother,

Kato Hamilton

6. Mother's Maiden Name,

Baltimore Md

7. Mother's Birthplace,

Levin H. Letty

8. Full Name of Father,

Wm. of Boat

9. Father's Occupation,

Maine

10. Father's Birthplace,

Theodore Cooke Mrs

Name of Medical Attendant, or other Person who makes this return

146 Nanner St

Address.

Remarks.

Wm. J. C. DULANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57666

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57666

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Wednesday, August 29th, 1882

4. Place of Birth, (Street and Number)

2807 Broadway

5. Full Name of Mother,

Vinie Mann

6. Mother's Maiden Name,

Vinie Snack

7. Mother's Birthplace,

Camden Co Md

8. Full Name of Father,

Laurence Mann

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

William Brinton, M.D.

Address,

25 1/2 Greenmount Ave,

Remarks,

Very Presentation

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57667

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
 1. Sex, (state whether male or female) Female.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, Tuesday August 29th 1882
 4. Place of Birth, (Street and Number) 160 E. Monument St.
 5. Full Name of Mother, Mary E. Shaw.
 6. Mother's Maiden Name, Mary Garrett.
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Gillie Shaw.
 9. Father's Occupation, Laborer.
 10. Father's Birthplace, Baltimore.
 Name of Medical Attendant, or other Person who makes this Return William Brimton M.D.
 Address, 35 1/2 Greenmount Ave.
 Remarks, Vnty Presentation

W. & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57668

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57668

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Tuesday August 29th. 1882*

4. Place of Birth, (Street and Number) *18 Hafford Ave.*

5. Full Name of Mother, *Sarah E. Sheridan,*

6. Mother's Maiden Name, *Sarah E. Strand.*

7. Mother's Birthplace, *Long Green, Balto. Co. Md.,*

8. Full Name of Father, *Abner Sheridan.*

9. Father's Occupation, *Ice Car Driver.*

10. Father's Birthplace, *Baltimore Co. Md.*

Name of Medical Attendant, or other Person who makes this Return *Wilmer Brimton M.D.*

Address, *Breed 25 1/2 Greenmount Ave.*

Remarks, *Forty Presentation*

SEP
2
1882

BALTIMORE

CLARK & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57669

DATE TIME BIRTH 4-21-60

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Anna Maria Louisa Sander

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 29th 1882

4. Place of Birth, (Street and Number)

1200 Leadenhall st

5. Full Name of Mother,

Wilhelmine Sander

6. Mother's Maiden Name,

Sahne

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Sander

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwesker midwife

Address,

330 Hanover st

Remarks,

learn, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

5767A

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 29th 1882.

4. Place of Birth (Street and Number)

#233 W. Fremont St.

5. Full Name of Mother

Florence May Ehlw.

6. Mother's Maiden Name

Florence May Snowden.

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frank Ehlw.

9. Father's Occupation

Coal Dealer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. J. Howard

Address

#187 Madison Ave.

Remarks

RETURN OF A BIRTH *57671*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29th of August 1882

4. Place of Birth, (Street and Number)

122 South Washington Street

5. Full Name of Mother,

Theresa Kaufman

6. Mother's Maiden Name,

Theresa Beiser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Beiser

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Crescentia Dunkel

Address,

11 South Chapel Street per postman Dunkel

Remarks,

Healthy

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29 of August 1882*

4. Place of Birth, (Street and Number) *No 5 North Durham street*

5. Full Name of Mother, *Josephanna Mertz*

6. Mother's Maiden Name, *Josephanna Mertz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Morden Mertz*

9. Father's Occupation, *Boxmaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Prescintia Kunkel*

Address, *71 North Carroll street per Justina Kunkel*

Remarks, *Healthy*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-6

1. Sex, (state whether male or female)

Male and Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

29th August

4. Place of Birth, (Street and Number)

265 West St. Baltimore

5. Full Name of Mother,

Mary E Baker

6. Mother's Maiden Name,

M. E Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Henry Baker

9. Father's Occupation,

Box maker

10. Father's Birthplace,

Mainy, Germany

Name of Medical Attendant,

or other person who makes this Return

Address,

1014 N. Main St

Remarks,

1 Sunday all day

ANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

54674

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race), *white*

3. Date of Birth *Aug 29th, 1882*

4. Place of Birth (Street and Number) *15 N. Leigh St city*

5. Full Name of Mother *Susan M. Kalkman*

6. Mother's Maiden Name *Johnson*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Frederick Kalkman*

9. Father's Occupation *Salesman*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return *J. Klingling M.D.*

Address *152 1/2 N. Eutan St Balto.*

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57675

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 29th 1882

4. Place of Birth, (Street and Number)

Spring St No 15

5. Full Name of Mother,

Franciska Nemec

6. Mother's Maiden Name,

Slivka

7. Mother's Birthplace,

Kovarov Bohemia

8. Full Name of Father,

Jakub Nemec

9. Father's Occupation,

Street Sweeper

10. Father's Birthplace,

Belle Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address,

No 20, Barnes St Balto

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57676

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female
Colored

2. Race or Color (if not of the white race)

3. Date of Birth

aug.

29. 1882

4. Place of Birth (Street and Number)

2 Chestnut ally

5. Full Name of Mother

Rachel Scott

6. Mother's Maiden Name

Foster

7. Mother's Birthplace

Monongomery Co.

8. Full Name of Father

John E. Scott

9. Father's Occupation

labor

10. Father's Birthplace

Washington

Name of Medical Attendant, or other Person who makes this Return.

Eliza Cornish

Address

corner Pearl Chestnut ally

Remarks

child is dead

RETURN OF A BIRTH 7677

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 29th 1882

4. Place of Birth, (Street and Number)

65 Unity St

5. Full Name of Mother,

Annie Williams

6. Mother's Maiden Name,

Annie Newton

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

James R. Williams

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

J. A. Gillies M.D.

Address,

1507 N. Duval St

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10. d. Child*

1. Sex, (state whether male or female) *G. C.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29 Aug 1882*

4. Place of Birth, (Street and Number) *1022. Chateaufort St.*

5. Full Name of Mother, *Lizzie Scott*

6. Mother's Maiden Name, *Lizzie Wilson*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Wilson*

9. Father's Occupation, *Lab.*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who make this Return. *Mary Nagarsen*

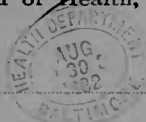
Address, *Rush St 10.20.*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex, (state whether male or female) *3 males*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 29 1882*
4. Place of Birth, (Street and Number) *58 Stricker St Bal*
5. Full Name of Mother, *Laura R. Bierman*
6. Mother's Maiden Name, *Laura R. Moore*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *George Bierman*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs J. Kelley*
- Address. *792 Pratt St Bal*
- Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY. August 30th 1882



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 29th 1882*
4. Place of Birth, (Street and Number) *317 Alice Ann St.*
5. Full Name of Mother, *Lizzie Goors*
6. Mother's Maiden Name, *Lizzie Waker*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Berhard Goors*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this return *Mrs. Mary Amend.*
- Address, *No. 137 W. Wolfe St.*
- Remarks, *H*

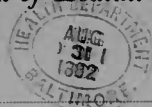
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 1-20-56
RETURN OF A BIRTH.

57681

To the Office of Registrar of Vital Statistics, Board of Health.

Sallie Early BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

August 29th 1882.
38. Bloom St.
Sallie A. Early.
Rebecca T. McChapin.
Locust St., Md.
Samuel Early.
Millwright
Philadelphia, Pa.
John J. R. McChapin
" "
City

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57682

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 29-11

4. Place of Birth, (Street and Number)

26 North High St

5. Full Name of Mother,

Eat Brickman

6. Mother's Maiden Name,

Halsing

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Henry Brickman

9. Father's Occupation,

Taylor

10. Father's Birthplace,

and Hessians

Name of Medical Attendant,

or other Person who makes this Return

Ross Wieg

Address,

48 Halsewood

Remarks,

and

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd,*
1. Sex (state whether Male or Female) *Female,*
2. Race or Color (if not of the white race) *Colored,*
3. Date of Birth *29th of August, 1882*
4. Place of Birth (Street and Number) *Leadenhall, St 47*
5. Full Name of Mother *Maggie Hughes,*
6. Mother's Maiden Name *Maggie Cornish,*
7. Mother's Birthplace *Baltimore city,*
8. Full Name of Father *Edward Hughes*
9. Father's Occupation *Steph. doer,*
10. Father's Birthplace *Cambridge,*
Name of Medical Attendant, or other Person who makes this return *Willie Brooks*
Address *210 South Warner street,*
Remarks *Doing well.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57684

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) _____

3. Date of Birth Aug 29th 1882

4. Place of Birth (Street and Number) 1357 Hagerman St

5. Full Name of Mother Rebecca Sparrow

6. Mother's Maiden Name Grooms

7. Mother's Birthplace Phila P

8. Full Name of Father John Sparrow

9. Father's Occupation Marine Painter

10. Father's Birthplace Hagerstown Md

Name of Medical Attendant, or other Person who makes this Return. C. A. Lewis

Address 162 Hagerman St

Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 29th - 1882.

4. Place of Birth, (Street and Number)

108 - Simon Court.

5. Full Name of Mother,

Elizabeth L. Temple

6. Mother's Maiden Name,

Balt. Co

7. Mother's Birthplace,

Arman L. Temple

8. Full Name of Father,

9. Father's Occupation,

hippi watchman Easternville Co. Md.

10. Father's Birthplace,

Balt. Co

Name of Medical Attendant, or other Person who makes this Return

Arman F. Hill, M.D.

Address.

17. Calhoun St. - Co. Fayette

Remarks.

4th

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57686

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth August 29. 1882

4. Place of Birth, (Street and Number) 15 Harris alley

5. Full Name of Mother Kate Brown

6. Mother's Maiden Name Kate Sloan

7. Mother's Birthplace Ireland

8. Full Name of Father John Brown

9. Father's Occupation Worker

10. Father's Birthplace Peru

Name of Medical Attendant, or other Person who makes this Return.

Mary Connor 153

Address Collington Avenue Baltimore Md

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57687

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 30th 1882

4. Place of Birth, (Street and Number)

9 Palapasco Avenue

5. Full Name of Mother,

Alice Smoot

6. Mother's Maiden Name,

Alice Sullens

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Louis M. Smoot

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Howard County

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sarah Sullens

Address,

1044 Hurley Street

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Colard female child born Aug 30 1882

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

Baltimore Co
Emmer & Cook

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

Born in Howard Co

8. Full Name of Father

Remous Cook

9. Father's Occupation

Catch man

10. Father's Birthplace

Born in Howard Co

Name of Medical Attendant, or other Person who makes this Return.

Sugg. Cornish

Address

Baltimore 13 Jordan alley

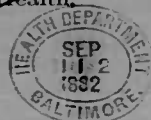
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2nd of August 1882*

4. Place of Birth, (Street and Number) *52 North ~~W~~ Washington street.*

5. Full Name of Mother, *Louise Friedah*

6. Mother's Maiden Name, *Louise Friedah*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Friedah*

9. Father's Occupation, *Librarian*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Exscentia Kunkel*

Address, *11 North Chappel Street per Justina Kunkel*

Remarks, *Healthy.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 30 ed 1882.

4. Place of Birth, (Street and Number)

1463 Light St.
Emma Behnith

5. Full Name of Mother,

Isaard

6. Mother's Maiden Name,

7. Mother's Birthplace,

America
Peter Behnith

8. Full Name of Father,

Laborer

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohwasser or midwife
330 Hanover St.

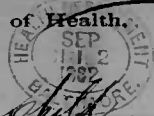
Address,

Remarks,

RETURN OF A BIRTH

17691

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7th child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 30 ed 1882

4. Place of Birth, (Street and Number)

28 Beaven st
Mary Pflaum
Wenkel

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany
Fredrick Pflaum
Laborer

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

or other Person who makes this Return

Germany
J. Schousser midwife
330 Hanover st.

Name of Medical Attendant,

Address,

Remarks.

As soon as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 30 ed 1892

4. Place of Birth, (Street and Number)

209 Cross St

5. Full Name of Mother,

Elise Faust

6. Mother's Maiden Name,

Chaefer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Faust

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwaerser midwife
330 Hanover St.

Address,

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57693

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

30 August

4. Place of Birth, (Street and Number)

15 Thomson street

5. Full Name of Mother.

Annie Mory

6. Mother's Maiden Name,

Leinum

7. Mother's Birthplace,

Ireland

8. Full Name of Father.

James Mory

9. Father's Occupation,

Working Man

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

70 E. Sunnyside street

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57694

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 30 - 1892

4. Place of Birth, (Street and Number) No 116 Canal Street

5. Full Name of Mother, Lizzie B Bechtold

6. Mother's Maiden Name, Lizzie Bachman

7. Mother's Birthplace, Germany

8. Full Name of Father, William Bechtold

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Daniel V Meyer M.D.

Address, 170 Disquith Street

Remarks, Balt Md

One of twins one being still born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether ~~Male~~ or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth Aug. 30th 1882
4. Place of Birth (Street and Number) to 326 E Monument
5. Full Name of Mother Martha J Forster
6. Mother's Maiden Name " " Burton
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph M Forster
9. Father's Occupation Brass finisher
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M D
- Address 131 E Basts St City
- Remarks _____

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57696

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August 30th 1882

4. Place of Birth, (Street and Number)

75 East St

5. Full Name of Mother

Messaura Bahisen

6. Mother's Maiden Name,

Messaura Beyer

7. Mother's Birthplace,

Suffolk Va

8. Full Name of Father

Charles Bahisen

9. Father's Occupation,

Walter

10. Father's Birthplace,

Suffolk Va

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

15, Garrett St

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 17697

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 30th 1882.
4. Place of Birth, (Street and Number) 1016 1/2 Enoch St.
5. Full Name of Mother, Lizzie Boan
6. Mother's Maiden Name, Lizzie Boanella
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Boan
9. Father's Occupation, Horsealer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return

Address, No. 185. L.E. cor Central av. & Monument St.

Remarks, See W.C.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

name of child: James William Campbell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13rd.

- 1. Sex, (state whether male or female) Male.
- 2. Race or Color, (if not of the white race) Colored.
- 3. Date of Birth, August 30th. 1882
- 4. Place of Birth, (Street and Number) No. 30 New Alley.
- 5. Full Name of Mother. Phoebe (Filia) (Campbell) Campbell
- 6. Mother's Maiden Name. " (Filia) (Giddings) Giddings
- 7. Mother's Birthplace, Baltimore
- 8. Full Name of Father, Rob. (Campbell) (Hutton) Campbell
- 9. Father's Occupation, Reporter
- 10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who make this Return M. H. Butt.
Address, No. 185 S.E. cor. Centre av. & Monument St.
Remarks, All Well.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 30th 1880

4. Place of Birth, (Street and Number)

1708 Columbia St.

5. Full Name of Mother,

Charlotte Bidickes

6. Mother's Maiden Name,

" Breichneider

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Fredrick Bidickes

9. Father's Occupation,

Grav Grover

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Koch

Address,

528 South Eutaw St

Remarks,

Balti.

RETURN OF A BIRTH 57700

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 30 1892

4. Place of Birth, (Street and Number)

119 Woodward St.

5. Full Name of Mother,

Elizabeth Wallenberg

6. Mother's Maiden Name,

In Lundmark

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Arman Wallenberg

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Kau-Heise - Germany

Name of Medical Attendant, or other Person who makes this return

Mary Kell

Address.

328 South Eutam St

Remarks.

Barto.

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

57701

To the Office of Registrar of Vital Statistics, Board of Health,

11 BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Sixth Birth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 30/82*

4. Place of Birth, (Street and Number) *352 W Lexington Street*

5. Full Name of Mother, *Hannah Baumeyer*

6. Mother's Maiden Name, *Hannah Eisaw*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August Baumeyer*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. Emanuel Kew*

Address, *88 N. Eglar St*

Remarks, *Hannah Eisaw*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (~~state whether male or female~~) _____
2. Race or Color (~~if not of the white race~~) _____
3. Date of Birth 8. 30. 82
4. Place of Birth (Street and Number) 375 N. Lombard St
5. Full Name of Mother Sally Jacob Thearle
6. Mother's Maiden Name Scott -
7. Mother's Birthplace Va.
8. Full Name of Father Henry S. Thearle
9. Father's Occupation Wine Worker
10. Father's Birthplace Balls Blad
- Name of Medical Attendant, or other Person who makes this Return. Henry W. Eastman
- Address 349 Ewer St
- Remarks _____

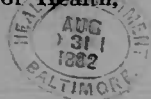
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7702

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

112

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Aug 30 1882

4. Place of Birth, (Street and Number)

176 W. Biddle St

5. Full Name of Mother,

Cecilia O'Neil

6. Mother's Maiden Name,

Gilchrist

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael O'Neil

9. Father's Occupation,

Livery Stable Proprietor

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

D. R. Winslow

Address,

201 W. Biddle St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 30th 1892*
4. Place of Birth (Street and Number) *Wingate St - near Biddle*
5. Full Name of Mother *Mary J McConley*
6. Mother's Maiden Name *Rand*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Walter McConley*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W B Billingslee*
- Address *256 E Preston*
- Remarks

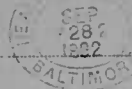
Print any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57705

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 30th 1882*
4. Place of Birth, (Street and Number) *No 21 Hollen St*
5. Full Name of Mother, *Hate Buchanan*
6. Mother's Maiden Name, *Hate E. Skiff*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Wesley Buchanan*
9. Father's Occupation, *Up Holster*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Wesley Buchanan*
- Address, *184 E. Monument St*
- Remarks,

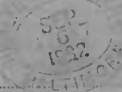


advises at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57706

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 10*

1. Sex, (state whether male or female) ..

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 30 1882

4. Place of Birth, (Street and Number)

#36 Philpot St

5. Full Name of Mother,

Alice Gray

6. Mother's Maiden Name,

Doyle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Gray

9. Father's Occupation,

Servant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Craft

Address,

236 Canton Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁴⁷⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *A Male & Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Aug. 30th*
4. Place of Birth, (Street and Number) *108 Preston St.*
5. Full Name of Mother, *Mary Annie Scheve*
6. Mother's Maiden Name, *Mary A. Gauges*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Bernard Scheve*
9. Father's Occupation, *Cigarmaker*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, *Mrs. Dumber*
or other Person who makes this Return *60 N. Schroeder St.*
Address _____
Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar, at least, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d child*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 30 2 1882*
4. Place of Birth (Street and Number) *160 S. Lombard*
5. Full Name of Mother *Lina Greenger*
6. Mother's Maiden Name *Thiele*
7. Mother's Birthplace *Prussia*
8. Full Name of Father *Carl Greenger*
9. Father's Occupation *Jeweler*
10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

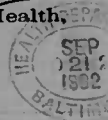
*J. A. Thiele, M.D.
245 S. Baltimore St.*

RETURN OF A BIRTH *57709*

Give at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex. (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

30 August

4. Place of Birth, (Street and Number)

Woff Street No 52

5. Full Name of Mother.

Gunigunde Herman

6. Mother's Maiden Name,

" " Latler

7. Mother's Birthplace,

Weirich Baiern

8. Full Name of Father,

Halendin Herman

9. Father's Occupation,

" "

10. Father's Birthplace,

Regenswaler Preussen

Name of Medical Attendant, or other Person who makes this Return

Lombard street No 288

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 30 '82
4. Place of Birth (Street and Number) 65 Papillon St.
5. Full Name of Mother Martha R. Smith
6. Mother's Maiden Name Graham
7. Mother's Birthplace Balto. Md.
8. Full Name of Father Joseph B. Smith
9. Father's Occupation Telegraph Operator
10. Father's Birthplace Balto. Md.
Name of Medical Attendant, or other Person who makes this Return. John J. King, M.D.
Address 215 Carrollton Ave.
Remarks

RETURN OF A BIRTH 577111

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁵⁷⁷¹¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 30

4. Place of Birth, (Street and Number)

W. Larchmont St. No. 23

5. Full Name of Mother,

Mary Bamberger

6. Mother's Maiden Name,

Heavlin

7. Mother's Birthplace,

Bavaria

8. Full Name of Father,

Gasper Bamberger

9. Father's Occupation,

Wagonmaker

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Wm. J. Bamberger

Address,

W. Larchmont St. No. 14

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57712

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second - 27

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 30th - 1882

4. Place of Birth, (Street and Number)

Abbott-St., No 32

5. Full Name of Mother,

Josephina Straka

6. Mother's Maiden Name,

" Rosal

7. Mother's Birthplace,

Přezan Bohemia

8. Full Name of Father,

Matthias Straka

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Přezan Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address,

212 20 Baines St. Balt

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th

SEP

1892

male

August 30 1891

86 Williams St

Jade Thompson

Hoffman

Balt

R. E. Thompson

Bottler

N. York

St 12 Webster

57 Barnes

advise the birth of said child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57714

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Black

3. Date of Birth, August 30th - 1882

4. Place of Birth, (Street and Number) 143. N. Caroline St.

5. Full Name of Mother Mary E. Price

6. Mother's Maiden Name, " " " Ashton

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Preston P. Price

9. Father's Occupation, Cook

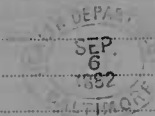
10. Father's Birthplace, Petersburg Virginia

Name of Medical Attendant, or other Person who makes this Return

Wm. E. Pusey

Address, No 238 N Broadway

Remarks,



BULANTY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57717

...shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, Aug 31 1891

4. Place of Birth, (Street and Number) 183 Central ave

5. Full Name of Mother, Hanna Warner

6. Mother's Maiden Name, Sigmund

7. Mother's Birthplace, Barnstead Tenn

8. Full Name of Father, David Warner

9. Father's Occupation, Life Insur agt

10. Father's Birthplace, Baden

Name of Medical Attendant, or other Person who makes this Return R. H. Clegg

Address, 48 Holland st

Remarks, _____

PRINTED AND PUBLISHED BY THE CITY OF BALTIMORE, MD.

RETURN OF A BIRTH

notice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57716

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Aug. 31. 1882*

4. Place of Birth, (Street and Number) *386 Penna. Ave.*

5. Full Name of Mother, *Minnie Kelly*

6. Mother's Maiden Name, *Wehr*

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, *James Kelly*

9. Father's Occupation, *Fireman Balto. City Fire Dept.*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return *Dr. Johnston M.D.*

Address, *431 Penna. Ave.*

Remarks, _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *31st August*
4. Place of Birth, (Street and Number) *Baltimore 404 Orleans St.*
5. Full Name of Mother, *Clara Downs.*
6. Mother's Maiden Name, *Clara Frances.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Marion Downs*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs Mary Ann Haywood
396 E. Orleans St
City.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, setting distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *31st*

4. Place of Birth, (Street and Number) *Bethel St No 126*

5. Full Name of Mother, *Annie Meyer*

6. Mother's Maiden Name, *Annie Brown*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John F Meyer*

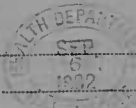
9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *Mr. W. Smith 100 E. Eldon St*

Remarks,

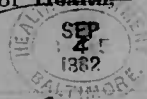


advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57719

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).....

Female
~~Male~~ *Female*

2. Race or Color, (if not of the white race)...

Mulatto

3. Date of Birth,.....

Aug 31 1882

4. Place of Birth, (Street and Number).....

250 Park Street

5. Full Name of Mother,.....

Margaret Watson Lewis

6. Mother's Maiden Name,.....

Watson

7. Mother's Birthplace,.....

Baltimore

8. Full Name of Father,.....

John Lewis

9. Father's Occupation,.....

Green Grocer

10. Father's Birthplace,.....

Virginia

Name of Medical Attendant, or other Person who makes this Return.....

C. B. Bessie M. S.

Address,.....

57 Calver Street

Remarks,.....

Infant mortal

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

State
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

31st August

4. Place of Birth, (Street and Number)

No 856 W. Pratt St.
Name to Birth

5. Full Name of Mother.

6. Mother's Maiden Name.

John Hoff
Germane

7. Mother's Birthplace,

8. Full Name of Father.

Henry Bach
Pracher

9. Father's Occupation,

10. Father's Birthplace,

Germane

Name of Medical Attendant,

or other Person who makes this Return

Dr. Max Lindner
No 45 S. Monroe St.

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57721

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 31st August

4. Place of Birth, (Street and Number) Mores Alley: 8 1/2

5. Full Name of Mother, Margaret Johnson

6. Mother's Maiden Name, Margaret Davies

7. Mother's Birthplace, Baltimore county

8. Full Name of Father, William John Lee

9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this return

Address, 37 Walnut alley

Remarks,

Mary A. Mason

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57722

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th 1887
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31st 1887
4. Place of Birth, (Street and Number) No 13 Spring St
5. Full Name of Mother, Mrs Mary Elliott
6. Mother's Maiden Name, Bush
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Elliott
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs Getzner
- Address, No 55 S. Bond St
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

May. 31

W. Washington St. No. 119

Margarette Holschneider

Water

Balt.

Hermann Holschneider

Schuhmacher

Balt.

Wm. E. Brashers

119 Washington St. No. 14

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August Dec 31st

4. Place of Birth, (Street and Number)

Belair Road Baltimore

5. Full Name of Mother,

Lora Schmilt

6. Mother's Maiden Name,

Lora Krider

7. Mother's Birthplace,

Baltimore County Md

8. Full Name of Father,

George Schmilt

9. Father's Occupation,

Jewelry worker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

1st
Male
31 Aug 1892
407. Centre
Katie Thickett
Natalie Lane
Baltimore
James Lane
Laborer
Baltimore
Mary Margaret
Russell Dr. S. H.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57726

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2^d, 3^d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

August 31/82

131 S. Fremont St

Virginia Ross

" Moore

Baltimore Md

Chas A. Rop

Mechanic

Baltimore Md

H. L. Spearman

387 1/2 Lombard St

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

5/7/27



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether Male or Female) *female*

2. Race or Color (if not of the white race) *Color*

3. Date of Birth *August 31st*

4. Place of Birth (Street and Number) *16 Buchanan St*

5. Full Name of Mother *Mary Anderson*

6. Mother's Maiden Name *Mary Drakeford*

7. Mother's Birthplace *Tuskegee Alabama*

8. Full Name of Father *James Anderson*

9. Father's Occupation *Water*

10. Father's Birthplace *Liberty Virginia*

Name of Medical Attendant, or other Person who makes this Return *Mrs Anna Johnson*

Address *94 Tien St*

Remarks *doing well*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31. 8 August

4. Place of Birth, (Street and Number)

186 Patterson Park Rd

5. Full Name of Mother,

Matilda Emma

6. Mother's Maiden Name,

Reese

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Frederick Emma

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

186 Patterson Park Rd

Remarks,

SEP
1882

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57729

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT.
SEP.
6
1882

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2) second
- Sex, (state whether male or female) male
- Race or Color, (if not of the white race) white
- Date of Birth, August 31-1882.
- Place of Birth, (Street and Number) 248 Columbia st.
- Full Name of Mother, Lizzie Walter
- Mother's Maiden Name, Lizzie Dahmer
- Mother's Birthplace, Baltimore City
- Full Name of Father, Frank Walter
- Father's Occupation, Cigar maker
- Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return Mrs. Kumpiganda Schlifer
- Address, 20 Columbia st.
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

31st August

4. Place of Birth, (Street and Number)

128 Chappel

5. Full Name of Mother,

Matilda Steffen

6. Mother's Maiden Name,

Watson

7. Mother's Birthplace,

Washington

8. Full Name of Father,

James Steffen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Annapolis

Name of Medical Attendant, or other Person who makes this Return.

Henrietta Chapman

Address,

161 Eldery St. Ext.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *Aug 31 1882*
4. Place of Birth, (Street and Number) *No 2 Boston, St*
5. Full Name of Mother, *Ann Maria Johnson*
6. Mother's Maiden Name, *Ann Maria Lupton*
7. Mother's Birthplace, *Back River Peto County*
8. Full Name of Father, *George W. Johnson*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Durham's County Ill*
- Name of Medical Attendant, or other Person who makes this Return *Lucindia Woolford*
- Address, *130 Register St*
- Remarks,

57732

NOTE: For every month, the doctor, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Apr 31, 1852

4. Place of Birth, (Street and Number)

No 9 Allens Alley

5. Full Name of Mother,

Elizri Todd

6. Mother's Maiden Name,

Elizri Thomson

7. Mother's Birthplace,

West W. Virginia

8. Full Name of Father,

William Todd

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return

Lucinda Woodford

Address,

133 Register St

Remarks,

Value at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57733

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 31-1882

4. Place of Birth, (Street and Number)

357 S. Charles St.

5. Full Name of Mother

Emma Rollman

6. Mother's Maiden Name,

Emma Smith

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Chas. Rollman

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Chs. Minch

Address,

Cor. Leadenhall & Montgomery Sts.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57734

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Assistant, or other Person who makes this Return.

Address

Remarks

Aug 31st 1882.
22 St. Mary St.
Anna J. Mackay
Anna J. Saxe
Smithsburg, Washington Co., Md.
Davis Hays
Marshall
Baltimore, Md.
John J. P. Hays, M.D.
City
Premature at the 6th Month.

57735

454

454

- 

That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within thereafter, naming *slightly* the date of birth, sex, and color of the child or children born, its or their condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

Date of Birth September 24 1882

Place of Birth, (Street and Number) 517 Cincinnati St.

Full Name of Mother Addie Lereth

Mother's Maiden Name Addie Thomas

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father James W. Lereth

9. Father's Occupation Commission Merchant

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. John W. M. M.

Address Col. 6 Franklin St.

Remarks

That any Physician, accoucheur, midwife, or other Person who shall attend, assist or deliver any child, within the City of Baltimore, shall immediately the date of birth, make and file this Return, and the name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 1st 1882
4. Place of Birth (Street and Number) 172 Fairmount ave
5. Full Name of Mother Annie M. Knans
6. Mother's Maiden Name Annie M. Whites
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father Henry Knans
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Edw. D. Williams
- Address 86 E. Fayette St
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 1st of September

4. Place of Birth, (Street and Number) 28 Jefferson St.

5. Full Name of Mother, Amelia Watkins

6. Mother's Maiden Name, Amelia Burr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Watkins

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mary Walter

or other Person who makes this Return

Address, 125 N. Caroline St.

Remarks,

any person, assistant, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
7
1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth. 1 Sept. 18 82

4. Place of Birth, (Street and Number) 27 Washington St.

5. Full Name of Mother, Margaret Rupp

6. Mother's Maiden Name, Margarett Goldbeck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Rupp

9. Father's Occupation, Carpenter

10. Father's Birthplace, Cuthbertsburg, Pa.

Name of Medical Attendant, or other Person who makes this Return Mrs. Henry

Address, 1212 Patterson Park

Remarks,

BALTIMORE CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57740

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. It is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57740

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st September

4. Place of Birth, (Street and Number)

85 Chester St

5. Full Name of Mother,

Nellie Kennard

6. Mother's Maiden Name,

Porter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Kennard

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

1012 Patterson Park St

Remarks,

SEP

1902

TIME

BALTIMORE CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57741

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

17741

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

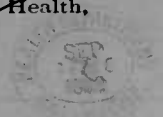
SEP 7 1882

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth Sept. 1st.
4. Place of Birth, (Street and Number) 675 Light st
5. Full Name of Mother Julia Ann. Parks.
6. Mother's Maiden Name Balto. Md.
7. Mother's Birthplace Baltimore, Balt.
8. Full Name of Father Benjamin. Parks.
9. Father's Occupation Book. binding
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return. Anna. Gandy.
- Address 634 Light st.
- Remarks

1. I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57742

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Pen
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored Race
Sept. 1st 1889

3. Date of Birth,

4. Place of Birth, (Street and Number)

14 East St

5. Full Name of Mother,

Elmira Bird

6. Mother's Maiden Name,

" " Bailey
Easton

7. Mother's Birthplace,

8. Full Name of Father,

Samuel Bird

9. Father's Occupation,

Labrer

10. Father's Birthplace,

Harford Co
St Louis & Seaton

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar abroad. within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7th child
male

Sept. 1, 1882

42 Scott St

Kate C. Kelly

W. Day

Ireland

Peter Kelly

Salmon Keeper

Ireland

11.11. Webster

57 Barnard

SEP

1982

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57744

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP
7
1882

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2. Child. B. Child.*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Sep. first. 1882.*
4. Place of Birth (Street and Number) *No. 70 Ebbow Lane*
5. Full Name of Mother *Annie Scarber*
6. Mother's Maiden Name *James*
7. Mother's Birthplace *Eastern Shore of Black Co. Va.*
8. Full Name of Father *George James*
9. Father's Occupation *labor*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Eliza Carnish*
- Address *Corner Pearl and St. and Chalmers St.*
- Remarks *The child is still alive*

RETURN OF A BIRTH

57745

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept. 1st 1882.

4. Place of Birth (Street and Number)

14 Driscoll Ave.

5. Full Name of Mother

Caroline Schneider

6. Mother's Maiden Name

Holger

7. Mother's Birthplace

Baden Germany.

8. Full Name of Father

Adolf Schneider

9. Father's Occupation

Saloon Keeper

10. Father's Birthplace

Baronia

Name of Medical Attendant, or other Person who makes this Return.

W. D. Barker M.D.

Address

152 W. Union St.

Remarks

RETURN OF A BIRTH

57746

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57746

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female)
- Race or Color, (if not of the white race)
- Date of Birth,
- Place of Birth, (Street and Number)
- Full Name of Mother,
- Mother's Maiden Name,
- Mother's Birthplace,
- Full Name of Father,
- Father's Occupation,
- Father's Birthplace,

1st
Female.

Negro.

Sept. 1, 1883.

7 Union St.

Annie Callett.

" Griffin.

Calvert Co., Md.

Jeremiah Callett.

Waiter.

Charlottesville, Va.

O. Saw. Jayney, M.D.
242 W. Eutan St.

Name of Medical Attendant, or other Person who make this Return

Address,

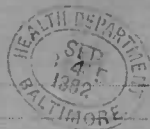
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57747

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 15 1882*
4. Place of Birth (Street and Number) *13. Harlem Avenue*
5. Full Name of Mother *Priscilla Hall Fairfax*
6. Mother's Maiden Name *Priscilla Hall Wright*
7. Mother's Birthplace *Baltimore City Md.*
8. Full Name of Father *Lowell C. Fairfax*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Alexandria Va.*
Name of Medical Attendant, or other Person who makes this Return *Alb. J. Bell Md.*
Address *234 Madison Ave*
Remarks *7 months child =*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether child or children, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

57748)

rd of Health,

Sept 7th 1882

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1
 1. Sex (state whether Male or Female) female
 2. Race or Color (if not of the white race) law
 3. Date of Birth ~~2 Aug~~ Sept 1st 1882
 4. Place of Birth (Street and Number) No 3 Beach bly
 5. Full Name of Mother Emmeline Walker
 6. Mother's Maiden Name " telman
 7. Mother's Birthplace Somerset Co Md
 8. Full Name of Father Thomas Walker
 9. Father's Occupation labor
 10. Father's Birthplace Glasgow
 Name of Medical Attendant, or other Person who makes this Return mid wife Mary S Deane
 Address No 21 Beach bly
 Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 11 1888

4. Place of Birth, (Street and Number) 2436 Fayette St

5. Full Name of Mother, Mrs Jennie Behm

6. Mother's Maiden Name, Kamm

7. Mother's Birthplace, Germany

8. Full Name of Father, Abraham Becht

9. Father's Occupation, Bulcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Gelzer

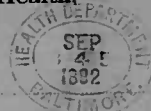
Address, No 22 S. Bond St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5775A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st September

4. Place of Birth, (Street and Number)

1105 N. E. 1st St

5. Full Name of Mother.

Rosa Gold

6. Mother's Maiden Name,

Rosa Butterfield

7. Mother's Birthplace,

Washington

8. Full Name of Father,

Joseph Gold

9. Father's Occupation,

Labors

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Letitia Greenhalgh

Address,

1105 N. E. 1st St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57751

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 1 1882

4. Place of Birth (Street and Number)

386 Druid Hill Av

5. Full Name of Mother

Mary Ann Tinsley

6. Mother's Maiden Name

" " Parson

7. Mother's Birthplace

Shepherdstown WV

8. Full Name of Father

Alexander Tinsley

9. Father's Occupation

Physician

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

A. Tinsley Junr

Address

386 Druid Hill Av

Remarks

RETURN OF A BIRTH

57752

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th -
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 1st - 1882 -
4. Place of Birth (Street and Number) 135 Harlem av.
5. Full Name of Mother Josephine H. Hamille
6. Mother's Maiden Name Loyce
7. Mother's Birthplace Balto
8. Full Name of Father Robert B. Hamille
9. Father's Occupation N. C. Rail-road
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. R. M. Goldsmith - M.D.
- Address Harlem av. Calhoun st
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

White

3. Date of Birth

21

4. Place of Birth (Street and Number)

Wagon Alley

5. Full Name of Mother

Mary Flint

6. Mother's Maiden Name

Mary Wise

7. Mother's Birthplace

Baltimore County

8. Full Name of Father

James Flint

9. Father's Occupation

Plumber

10. Father's Birthplace

Saint Comfort

Name of Medical Attendant, or other Person who makes this Return.

L. Somerville

Address

13 Clinton Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fifth.
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 1st 1882.

4. Place of Birth, (Street and Number)

99 Mullikin St

5. Full Name of Mother.

Harriet Niblett

6. Mother's Maiden Name.

Harriet Killman

7. Mother's Birthplace,

North Carolina

8. Full Name of Father.

John W Niblett

9. Father's Occupation,

Machinist

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Samuel E. Powell M.D.

Address,

29 Wisquith Street.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

colored
September 1st 1892
no 5 smallberry st
Phillie State
Phillie penitentiary
Caroline county Va
Robert A. State
Dry laborer
West moland Co Va
Charity Jones
no chargeable

at any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30 in this
File

RETURN OF A BIRTH

57756

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W. C.

3. Date of Birth,

Nov 1 of Sep

4. Place of Birth, (Street and Number)

No 118 E. Madison St.

5. Full Name of Mother,

Louisa Belling

6. Mother's Maiden Name,

Louisa Lannie

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Lannie

9. Father's Occupation,

Cigar manufacturer

10. Father's Birthplace,

Winchester, Va.

Name of Medical Attendant, or other Person who
reports this Return.

Mrs. Christina Lannie

Address,

113 173 Poplar St.

Remarks,

1882

RETURN OF A BIRTH

57757

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57757

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth September 4 1880

4. Place of Birth, (Street and Number) Calal St 71

5. Full Name of Mother Kathrine Gottschuh

6. Mother's Maiden Name Kathrine Baebach

7. Mother's Birthplace Baltimore

8. Full Name of Father Rudolf Henney

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm A. Tust

Address 99 Lancaster St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57758

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 1 21-*
4. Place of Birth, (Street and Number) *96 South Carolina St*
5. Full Name of Mother, *Rosa Clarke*
6. Mother's Maiden Name, *Wheeler*
7. Mother's Birthplace, *State of Maine*
8. Full Name of Father, *Frank Clarke*
9. Father's Occupation, *Car Driver*
10. Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return *R. M. Ullig*
- Address, *48 Hall St*
- Remarks, *Balt. Md.*

DULANEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57759

RETURN OF A BIRTH 57769

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 1st

4. Place of Birth, (Street and Number)

44 Biddle St

5. Full Name of Mother,

Elisa Garrett

6. Mother's Maiden Name,

Gammeshunt

7. Mother's Birthplace,

Hannover

8. Full Name of Father,

Leomart Garrett

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Benarian

Name of Medical Attendant, or other Person who makes this Return

B. R. Rieg

Address,

48 Biddle St

Remarks,

Balt Md

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 15 1882

4. Place of Birth, (Street and Number)

16. N. Gay Street

5. Full Name of Mother,

Henrietta Street

6. Mother's Maiden Name,

Goldschmidt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Julius Street

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

D. W. Morton M.D.

Address,

28 Eager Street

Remarks,

Every physician, midwife, accoucheur, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57761

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 1. 1882

4. Place of Birth, (Street and Number) No. 124 Fort St. Baltimore Md.

5. Full Name of Mother, Mary White

6. Mother's Maiden Name, Mary Allen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John White

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who make this Return Mrs. Arch.

Address, 117 Johnson St. Balt. Md.

Remarks,

advice as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57762

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 1st of September
 4. Place of Birth, (Street and Number) 119 Peachalley Baltimore
 5. Full Name of Mother, Philliphena Wachenfelder
 6. Mother's Maiden Name, Metzger
 7. Mother's Birthplace, Bremen
 8. Full Name of Father, Leopold Wachenfelder
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Karlsdorf
 Name of Medical Attendant, or other Person who makes this Return, Prof. Wünn
 Address, 1 Laurelsburg St.
 Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57763

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

September 1st 1880

4. Place of Birth, (Street and Number)

No 295 N. Cross St

5. Full Name of Mother

Jane A. Harris

6. Mother's Maiden Name

Jane A. Cole

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Benjamin P. Harris

9. Father's Occupation

Mariner

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Harry A. Allwell

Address 286 N. Donagh St

Remarks

RECORDS OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7764

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept. 1 / 82

4. Place of Birth, (Street and Number)

206 Eough St.
Sarah Baker

5. Full Name of Mother,

" Neimeyer
Bald.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Jas. Baker

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Bald.

Name of Medical Attendant, or other Person who makes this Return

B. W. Mansfield M.D.

Address,

117 Broadway

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57765

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Neva Knight Schaefer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

September 1 - 1882

4. Place of Birth, (Street and Number)

178 Myrtle Ave

5. Full Name of Mother

Annie Messhaw Schaefer

6. Mother's Maiden Name

Lambden

7. Mother's Birthplace

Washington, D.C.

8. Full Name of Father

Edward Schaefer

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return.

Louis W. Knight M.D.

Address

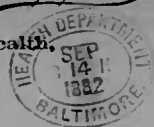
112 N. Greene St

Remarks

shall also certify, in case of a second child, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *373 West St.*
4. Place of Birth, (Street and Number) *Sept 1st 1882*
5. Full Name of Mother, *Lena Lee*
6. Mother's Maiden Name, *" Swenker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Samuel Lee*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, *Mary Hook*
or other Person who makes this Return
Address, *328 Fourth Entow St.*
Baltimore
Remarks.

and any physician, accountant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 1st - 1882

4. Place of Birth, (Street and Number)

Point Lane No. 1. 1/2

5. Full Name of Mother,

Margaret Jodel

6. Mother's Maiden Name,

Kilmayer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Jodel

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address,

No. 20 Barnes St. Balto

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57768

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 14 1892

4. Place of Birth (Street and Number)

985 N. Pratt

5. Full Name of Mother

Carrie McDonald

6. Mother's Maiden Name

Carrie Shafer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John B. McDonald

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

Inols Holley day
Carroll & O. Ball, Co.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 4 1882

57769

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 1st. 1882.

4. Place of Birth, (Street and Number)

180 N. Central ave.

5. Full Name of Mother,

Lucie Boland

6. Mother's Maiden Name,

Lucie Conby

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

John Boland.

9. Father's Occupation,

Writer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Wilmer Brintow, M.D.

Address,

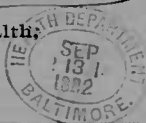
20 1/2 Greenmont Ave.

Remarks, *Very Presentation*

I, the undersigned, physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *637th child*
1. Sex, (state whether male or female) *one male & one female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *1 September 1882*
4. Place of Birth, (Street and Number) *62 Camden Street*
5. Full Name of Mother, *Louise Kroedel*
6. Mother's Maiden Name, *Louise Konow*
7. Mother's Birthplace, *Parthien, Altenburg, Germany*
8. Full Name of Father, *Gustav Kroedel*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Altenburg, Germany*
Name of Medical Attendant, or other Person who makes this Return *H. F. Reinhard*
Address, *214 W. Fayette Street*
Remarks,

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57771

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

1 September

4. Place of Birth, (Street and Number)

87 E. Humbert street

5. Full Name of Mother,

Minnie Kraft

6. Mother's Maiden Name,

Gritzgus

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Abraham Kraft

9. Father's Occupation,

Shoe shop

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah C. Baird

Address,

72 E. Humbert street

Remarks,

57772

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

1st September

4. Place of Birth, (Street and Number)

166 S. Caroline street.

5. Full Name of Mother,

Mary Hermann

6. Mother's Maiden Name,

Dice

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Hermann

9. Father's Occupation,

Barber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sarah Barber

Address,

72 E. Lombard street.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.



RETURN OF A BIRTH.

777/5

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Sept 1st

4. Place of Birth (Street and Number)

10. S. Anne St

5. Full Name of Mother

Emma Caroline Rühl

6. Mother's Maiden Name

Net

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

Conrad Rühl

9. Father's Occupation

House Merchant

10. Father's Birthplace

Baltimore, Md

Name of Medical Attendant,

or other Person who makes this Return.

J. A. Doherty, M.D.

Address

86 E. Fayette St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating flatly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-term or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

NOV 4 1882
BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

Sept. 1, 1882

3. Date of Birth,

4. Place of Birth, (Street and Number)

331 N. Bond St.

5. Full Name of Mother,

Kate J. Pearce
Crant

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John E. Pearce

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Wm. H. Pate, M.D.

Address,

Remarks,

For Return of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1st
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored (mulatto)*

3. Date of Birth *Sept. 1. 1882.*

4. Place of Birth (Street and Number) *Eutaw St. (281)*

5. Full Name of Mother *Lucy Page*

6. Mother's Maiden Name *Lucy Gaskins*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *Maynard Page*

9. Father's Occupation *Waiter*

10. Father's Birthplace *Va.*

Name of Medical Attendant, or other Person who makes this Return. *Eugene F. Hendell*

Address *125 N. Charles St.*

Remarks *Vertex Presentation - 1st position -
Forceps Delivery - no accidents.*



or
child,
ren
ance

RETURN OF A BIRTH

57776,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sep 2nd, 1892*

4. Place of Birth, (Street and Number) *Maternity Hosp. 161 W. Lombard*

5. Full Name of Mother, *Elizabeth Young*

6. Mother's Maiden Name, *Balbo*

7. Mother's Birthplace, *Unknown*

8. Full Name of Father, *Unknown*

9. Father's Occupation, *Unknown*

10. Father's Birthplace, *Unknown*

Name of Medical Attendant, or other Person who makes this Return *W. P. McIntosh Res Phys*

Address, *Maternity Hosp. 161 W. Lombard*

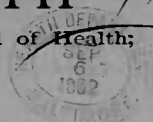
Remarks, *Illegitimate. A. O. J. H.*

No RPH no rupture of perineum

1. I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

2 of September

4. Place of Birth, (Street and Number)

1 plum alley

5. Full Name of Mother,

Annie Ghouse

6. Mother's Maiden Name,

Annies Hammond

7. Mother's Birthplace,

West-river

8. Full Name of Father,

Charles Hammond

9. Father's Occupation,

Oyster Shuck

10. Father's Birthplace,

Bolters - country

Name of Medical Attendant, or other Person who makes this Return

Miller & Gross

Address,

12 plum alley

Remarks,

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

77

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 2 1882

4. Place of Birth, (Street and Number)

215 Canton Ave

5. Full Name of Mother.

Augusta Schnow

6. Mother's Maiden Name,

Quartmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Christian Schnow Schnow

9. Father's Occupation,

Captain

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Lina Schaff

Address,

236 Canton Ave

Remarks,

At any baptism, accouchement, marriage, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57779

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Mamie Schwarzenberg
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Sept. 2 White
3. Date of Birth, Sept. 2 1882
4. Place of Birth, (Street and Number) 25 Barnet St.
5. Full Name of Mother, Louise Schwarzenberg
6. Mother's Maiden Name, " " Holmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Schwarzenberg
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

J. M. Gould M.D.

Address,

170 S. Sharp St.

Remarks,

SEE MED. 4-7-56

A. M.

That any Physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

21
Male
White
Sept 2 1882
571 W 4th
Jilia Gusdorf.
Jilia Latz
city
Isaac Gusdorf
Merchant
City of Baltimore

RETURN OF A BIRTH 57781

that they may be examined, witnessed, and signed, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57781

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) of *5*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Sept. 2*
 4. Place of Birth, (Street and Number) *205 Dallas St*
 5. Full Name of Mother, *Louisa Wagner*
 6. Mother's Maiden Name, *Louisa Wagner Scherer*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Phillip Wagner*
 9. Father's Occupation, *Lab. Work*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return *Mary Walter*
 Address, *125 N. Caroline*
 Remarks,

57782

57782

of Health.

22 Jan 1907

9

- Charles
 Harris
 2d Sept.
 Dallas, Tex. 1885
 Mr. George S. Tillman
 615 Broadway
 New York City
 George S. Tillman
 Friend

Pr. the Limit to 1000 ft. Elevation

Mr. Thos. Smith, 100-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-

[illegible]

508 J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

57783

**at or
mald,
children**

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17783

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

11 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3.06 September

4. Place of Birth, (Street and Number)

Collington St.

5. Full Name of Mother,

Maggie Prepp

6. Mother's Maiden Name,

Engelhardt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Prepp

9. Father's Occupation,

Saloon

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Hilg

Address,

1025 Patterson Park Ave.

Remarks,

State any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st Child
Female

1882

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 2 - 1882
No. 361 Sharp St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Elise Fantz
Micheline

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

James Fantz
Laborer

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohrigger midwife
330 Banner St

Address,

Remarks,

Not any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57780

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

SEP
7
1892

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

2nd Sept. 1892

4. Place of Birth, (Street and Number)

205 Lee St

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Ball
Jas. Woodall

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

Dr. W. Webster

Address,

57 Lee St

Remarks,

CLARK & CO., CITY PRINTERS AND STATIONERS

4, or
said,
children
hence

RETURN OF A BIRTH.

57786

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57786

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *September 2/92*
 4. Place of Birth (Street and Number) *38 Bond St.*
 5. Full Name of Mother *Elizabeth Krebs*
 6. Mother's Maiden Name *Dealey*
 7. Mother's Birthplace *Maryland*
 8. Full Name of Father *Augustus Krebs*
 9. Father's Occupation *Carpenter*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *John H. Smith M.D.*
 Address *281 S. Charles St.*
 Remarks

RETURN OF A BIRTH 57787

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 September

4. Place of Birth, (Street and Number) No. 353 Millward St

5. Full Name of Mother, Mary Catherine

6. Mother's Maiden Name, Mary Gister

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Clements Catherine

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, L. J. M. M. S. S.

Address,

Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 2nd 1882
4. Place of Birth, (Street and Number) Light St No. 309
5. Full Name of Mother Mary E. Taylor
6. Mother's Maiden Name Mary E. Dunkerly
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Taylor
9. Father's Occupation Barberist
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mary E. Henderson
1010 Light Street

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

5th

Female

White

Sept 2nd 1882

16 Henry St

May A. Simpkins

Mary A. Mullins

Apex Jersey

Geo R. Simpkins

Charles Shearer

Apex Jersey

Frederick W. W. W.

146 S. Street



advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5779A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *September 2^d 1882*
4. Place of Birth, (Street and Number) *Baltimore D. 1/4 Ridgely St*
5. Full Name of Mother, *Mary E Smith*
6. Mother's Maiden Name, *Mary L Dohlgay*
7. Mother's Birthplace, *Baltimore C.D.*
8. Full Name of Father, *Therman Smith*
9. Father's Occupation, *Glass blower*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Miss Mary A Schaller*
- Address, *114 Ridgely St Baltimore*
- Remarks, *CH*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57791

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4
Female
White

Sept 2 1882
74 Warren av
Laura Morgan
Laura Della
City
Chas Morgan
Mariner
Md
1602 Noble St
50 Warren av

Place at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57792

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) _____

1. Sex (state whether Male or Female) _____

Male

2. Race or Color (if not of the white race) _____

Colored

3. Date of Birth _____

September 2. 1892

4. Place of Birth (Street and Number) _____

Pock alley No 16 Baltimore

5. Full Name of Mother _____

Mary Washington

6. Mother's Maiden Name _____

7. Mother's Birthplace _____

Baltimore Md

8. Full Name of Father _____

unknown

9. Father's Occupation _____

unknown

10. Father's Birthplace _____

unknown

Name of Medical Attendant, or other Person who makes this Return.

Address _____

York St No 132 (Emily Hughes)

Remarks _____

RETURN OF A BIRTH

57792

Part any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5779³

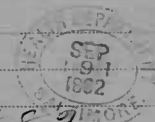
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 2, 1882
4. Place of Birth, (Street and Number) Cockes Street
5. Full Name of Mother, Rosa Bing
6. Mother's Maiden Name, Rosa Herman
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Bing
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who

Address, Margie Ellet
No 13 Cuba Street

Remarks.



Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
 1. Sex (state whether Male or Female) *female*
 2. Race or Color (if not of the white race) *brown skin*
 3. Date of Birth *2nd of sep*
 4. Place of Birth (Street and Number) *St parish aldy ch 3*
 5. Full Name of Mother *alice brown*
 6. Mother's Maiden Name *alice brown*
 7. Mother's Birthplace *Baltimore eastern shore*
 8. Full Name of Father *butler*
 9. Father's Occupation *laborer*
 10. Father's Birthplace *talbert county*
 L Somerville
 13 Clinton ave
 Name of Medical Attendant, or other Person who makes this Return.
 Address
 Remarks

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57795

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 2^d 1892

4. Place of Birth, (Street and Number)

216 Fulton St

5. Full Name of Mother,

Annie Crowl

6. Mother's Maiden Name,

Annie Black

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

H. Webster Crowl

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. L. L. L.

Address,

121 Baltimore St

Remarks,

NO. 2. BULFARD & CO. CITY PRINTERS 40. 174. 1. 1. 1.

at or
said,
dren
ense

RETURN OF A BIRTH

57796

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 57796

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 29, 82

4. Place of Birth, (Street and Number)

410 9. Chesnut Street Cross St.

5. Full Name of Mother,

Maggie Krieff

6. Mother's Maiden Name,

Maggie Krauss

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry Krieff

9. Father's Occupation,

Collector

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Munch

Address,

1 Landonville St.

Remarks,

Give any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57797

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *2nd of September*
4. Place of Birth, (Street and Number) *100 Leadenhall st Baltimore*
5. Full Name of Mother *Laura Miller Smith*
6. Mother's Maiden Name, *Burger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Smith*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Prof. Meier*
- Address, *1 Leadenhall st*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57795

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sept. 2nd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 2/02

4. Place of Birth, (Street and Number)

10.7 Bank St

5. Full Name of Mother

Sarah M. Whalen

6. Mother's Maiden Name,

Jamison

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Myles P. Whalen

9. Father's Occupation,

Sugar Boiler

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address,

117 S Broadway

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one
 1. Sex (state whether male or female) Male
 2. Race or Color (if not of the white race) Colored
 3. Date of Birth 2 of September
 4. Place of Birth (Street and Number) 164 Henrietta st
 5. Full Name of Mother Mrs Clara Ely
Clara Russell
 6. Mother's Maiden Name Lamarc Pa
 7. Mother's Birthplace Thomas Ely
 8. Full Name of Father laborer
 9. Father's Occupation Baptist Pa
 10. Father's Birthplace Mrs Jennie Johnson
 Name of Medical Attendant, or other Person who makes this Return. 99 Treen st
 Address doing well
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5780a

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *2 September 1882*
 4. Place of Birth, (Street and Number) *Sanville Street extended N.Y.*
 5. Full Name of Mother, *Ida de Albo*
 6. Mother's Maiden Name, *Ida Kraemer*
 7. Mother's Birthplace, *Sarbrücken - Prussia*
 8. Full Name of Father, *Alfred de Albo*
 9. Father's Occupation, *Collector of a Brewery*
 10. Father's Birthplace, *Alsat - Germany*
 Name of Medical Attendant, or other Person who makes this Return *A. F. Reinhardt*
 Address, *224 W. Fayette Street*
 Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Male

Sept 2/82

45 Gittings St

Carver Mary

" Jackson

Balto

Jr Henny

Painter

Balto

Co. A. Lewis

162 Hannon St

RETURN OF A BIRTH 57802

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH 57802

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
Sex, (state whether male or female) Female
Race or Color, (if not of the white race) White
Date of Birth, (No - Chester St. near Gay.
September 2nd 1882.
Full Name of Mother, Annie Miller
Mother's Maiden Name, Annie Hall
Mother's Birthplace, Baltimore
Full Name of Father, Chas. Miller
Father's Occupation, Fish Dealer
Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return M. A. Butt.
Address, No. 185. S.E. cor. Central av. & Monument St.
Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57803

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 2nd 1882

4. Place of Birth, (Street and Number) 34 E. Baltimore St

5. Full Name of Mother, Estelle Kirby

6. Mother's Maiden Name, Estelle Sanner

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James Kirby

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Harriet Jackson

Address, 45. Harriet St

Remarks,



© DULAMY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57804

u. or
aid,
iron
ance

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57804

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth September 30 1882
4. Place of Birth (Street and Number) No 99 McElwry Street Baltimore
5. Full Name of Mother Mary Hager
6. Mother's Maiden Name Mary Kissler
7. Mother's Birthplace Germany
8. Full Name of Father Nicholas Hager
9. Father's Occupation Cutter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Caroline Miller
- Address No 5 Walker Street Baltimore Md
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return

At any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 3d 1882

4. Place of Birth, (Street and Number)

330 S. Charles St.

5. Full Name of Mother,

Annie Coleman

6. Mother's Maiden Name,

Miszenhell

7. Mother's Birthplace,

Balto

8. Full Name of Father,

James H. Coleman

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Lombel M.D.

Address,

170 S. Sharp St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57807

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Third of September 1892*

4. Place of Birth, (Street and Number) *267 N. 7th Street*

5. Full Name of Mother, *Rosie Bauer*

6. Mother's Maiden Name, *Diehl*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Peter Bauer*

9. Father's Occupation, *Broom Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. H. C. Hickey*

Address, *No. 12 Patterson Falls St.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5788

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP
7
1882

1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 3rd 1882*
4. Place of Birth (Street and Number) *Garnden St. No 40*
5. Full Name of Mother *Edlen Langmeads*
6. Mother's Maiden Name *Home*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Alfred Langmeads*
9. Father's Occupation *Laborer*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Scarborough*
- Address *220 Montgomery St*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 3 - 1882

4. Place of Birth, (Street and Number)

1338 Hanover St.

5. Full Name of Mother.

Mary Gehring

6. Mother's Maiden Name.

Hee

7. Mother's Birthplace,

America

8. Full Name of Father.

Joseph Gehring

9. Father's Occupation,

Flower Dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwarzer midwife

Address,

830 Hanover St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

578110

57810

Sept 4/82

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept. 3d, 1882.

4. Place of Birth (Street and Number)

284 S. Dallas St

5. Full Name of Mother

Maria Tehvor

6. Mother's Maiden Name

Maria Maddentosh.

7. Mother's Birthplace

Germany

8. Full Name of Father

Thomas Tehvor

9. Father's Occupation

Fireman

10. Father's Birthplace

Baltimore City, Md. U.S.

Name of Medical Attendant, or other Person who makes this Return.

John H. Rehberger M. D.

Address

243 Alice Anna St.

Remarks

This above child is one of twins the other being still born.

The, any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57811

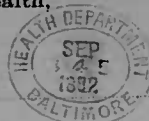
To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *September 3. 1882*
4. Place of Birth (Street and Number) *257 Roaburg St*
5. Full Name of Mother *Jimmie Ferguson*
6. Mother's Maiden Name *Jimmie Whitelton*
7. Mother's Birthplace *Honora County Ala.*
8. Full Name of Father *Daniel Ferguson*
9. Father's Occupation *Labor*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes the Return. *Eliza Cornish*
- Address *corner Pearl St Chestnut ally*
- Remarks *the Child is still alive*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 September 1892

4. Place of Birth, (Street and Number) No 4 West St

5. Full Name of Mother, Alice Paul

6. Mother's Maiden Name, Alice Paul

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Howard Paul

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Juliana Grishaber

Address, No 10 West St

Remarks,

RETURN OF A BIRTH

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57813

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
28
1882
BALTIMORE

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Apr 9th 1882*
4. Place of Birth, (Street and Number) *No 215 N. Front*
5. Full Name of Mother, *Eate Schipplag*
6. Mother's Maiden Name, *Eate Eate*
7. Mother's Birthplace, *Polto*
8. Full Name of Father, *John Schipplag*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Halliday*
- Address *189 E. Pennsylvania*
- Remarks

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57814

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

15th 25th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 30 1892

4. Place of Birth (Street and Number)

185 East Baltimore St

5. Full Name of Mother

Emma Taudle

6. Mother's Maiden Name

Smallbach

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Antonio C. Taudle

9. Father's Occupation

Confectioner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

F. E. Fooks M.D.

Address

241 E Baltimore St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *5/8/82*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *22*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 3rd 1882*

4. Place of Birth, (Street and Number) *Gravers Lane no number*

5. Full Name of Mother, *Eva Greenbury*

6. Mother's Maiden Name, *Eva Maddot*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Mr Greenbury*

9. Father's Occupation, *Brick Layer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *Wm. H. H. H.*

Address *102 E. Baltimore St.*

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57816

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 22 1892

4. Place of Birth, (Street and Number)

242 Howard St. W. Baltimore

5. Full Name of Mother,

Margaret Hammel

6. Mother's Maiden Name,

Margaret Meredith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob Hammel

9. Father's Occupation,

Rectifier

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Leona J. Higgins

Address.

152 E. Monument St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 3^d 1882

4. Place of Birth, (Street and Number)

No 84 Hanover Street

5. Full Name of Mother,

Elisabeth Geneweke

6. Mother's Maiden Name,

Elisabeth Horner.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Conrad H. Geneweke.

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. M. M.

Address,

1 S. 1st St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57818

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *Weiss*
3. Date of Birth, *geboren den 3 September*
4. Place of Birth, (Street and Number) *N^o 207 S. Bond Str*
5. Full Name of Mother, *Elisabeth Wittig*
6. Mother's Maiden Name, *Elisabeth Weber*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *Richard Wittig*
9. Father's Occupation, *Maler*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, *Friederike Graupmann*
or other Person who makes this Return.
- Address, *N^o 197 S. Dallas Str*
- Remarks, *Hanne*

Missing

57819

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

57820

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept. 5th 1882*
4. Place of Birth (Street and Number) *56 E. Bay*
5. Full Name of Mother *Helene Minna Williams*
6. Mother's Maiden Name *Winnifred*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Fred. Wilson*
9. Father's Occupation *Gardner*
10. Father's Birthplace *Switzerland*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *J. Nathan, M.D.
2451. Baltimore*
- Remarks

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57821

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Brother & Child are well

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 3rd 1882

4. Place of Birth, (Street and Number) Balto 262 Suter St

5. Full Name of Mother, Emma Dennis

6. Mother's Maiden Name, Emma Light

7. Mother's Birthplace, Balto City

8. Full Name of Father, Ben J Dennis

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Annie Duncan

Address, 122 N. Dallas St

Remarks,



rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

57822

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Sept 3rd 1882*
4. Place of Birth (Street and Number) *846 N Gay St*
5. Full Name of Mother *Mary Elizabeth Weisenbach*
6. Mother's Maiden Name *" " Weber*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Otto Emil Weisenbach*
9. Father's Occupation *Furniture Manufacturer*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Spikes M.D.*
- Address *259 Maryland Ave*
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Sept. 3rd*
 4. Place of Birth (Street and Number) *120 E. Schumacher St.*
 5. Full Name of Mother *Mrs. D. C. Albany*
 6. Mother's Maiden Name *Louisa Brant*
 7. Mother's Birthplace *Balto.*
 8. Full Name of Father *D. C. Albany*
 9. Father's Occupation *Painter*
 10. Father's Birthplace *Balto.*
 Name of Medical Attendant, or other Person who makes this Return. *H. F. Hill M.D.*
 Address *443 Franklin St.*
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 22

4. Place of Birth, (Street and Number)

67 E. Broadway

5. Full Name of Mother,

Minnie Cecilia Beville

6. Mother's Maiden Name,

Harbach

7. Mother's Birthplace,

City

8. Full Name of Father,

George Harold

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

C. P. Jones M.D.

Address,

27 S. Baltimore

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17825

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 3^d 1882

4. Place of Birth, (Street and Number)

Cor of Eden & Alice (Aunt's)

5. Full Name of Mother..

Theresa Ulwater

6. Mother's Maiden Name,

Kraus

7. Mother's Birthplace,

City

8. Full Name of Father.

Henry Ulwater

9. Father's Occupation,

Printer

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth H. H. H.

Address,

120 Park St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or solve at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Charles Franklin Young, First.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Sept. 3d 11:15 P.M. 1882

No 43 McHenry St.

Eloa Young,

Balto. City

Charles Young

Paper-Hanger

Balto. City

Robert A. Clerk

1 E. Cor. Columbia Ave. & Fremont St.

Child in good shape and condition & living

ENTER NAME 1882 3-11-84

h. m.

RETURN OF A BIRTH

days
physical
children

57827

Record of Vital Statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57827

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 3rd 1882
4. Place of Birth, (Street and Number) St^o 16 L Wolfe st
5. Full Name of Mother Mary Burns
6. Mother's Maiden Name Mary Reed
7. Mother's Birthplace Baltimore
8. Full Name of Father John Burns
9. Father's Occupation Copper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Henry
- Address St^o 18 Byrd st
- Remarks

Return of Birth Statistics for the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child.

1. Sex (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White race 1882

3. Date of Birth,

Sept 3

4. Place of Birth, (Street and Number)

Baltimore. Forrest St 192

5. Full Name of Mother,

Keneneth Y. Steinburg

6. Mother's Maiden Name,

Keneneth Young

7. Mother's Birthplace,

New York.

8. Full Name of Father,

Fredrick Steinburg

9. Father's Occupation,

Timer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Woodson

Address,

120 Greenmount Ave.

Remarks,

Office of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 9th 1882

4. Place of Birth, (Street and Number)

31 Temple St

5. Full Name of Mother.

Francis Hilliard

6. Mother's Maiden Name,

Francis Hilliard

7. Mother's Birthplace,

Balto. Md

8. Full Name of Father,

Herakiah Hilliard

9. Father's Occupation,

Cyber Shucker

10. Father's Birthplace,

Balto. Md

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

N. 5. Harriet St

Remarks,



advice at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57830

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 4

4. Place of Birth, (Street and Number)

Laurale & Point Lane

5. Full Name of Mother,

Leresa McVally

6. Mother's Maiden Name,

Gudberlin

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Bernard McVally

9. Father's Occupation,

Bar Keeper

10. Father's Birthplace,

Balto

Name of Medical Attendant,

or other Person who makes this Return

Mrs Gudberlin

Address,

Remarks,

Healthy and doing Well.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *57821*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 4 1892*
4. Place of Birth, (Street and Number) *107 Goodman St. Balt. Md.*
5. Full Name of Mother, *Rachel Annand*
6. Mother's Maiden Name, *Rachel Sellers.*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Wolff Annand*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs East*

Address, *107 Johnson St Balt Md.*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5/8/82

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Five Children

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Sept 4th Between One & Two O'clock

4. Place of Birth (Street and Number)

Pr. area.

5. Full Name of Mother

Maggie Bratcher

6. Mother's Maiden Name

Maggie Foster

7. Mother's Birthplace

Virginia

8. Full Name of Father

Charles Provender

9. Father's Occupation

Laborm

10. Futher's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Elvira Harris

Address

101 Pierce St

Remarks

A very delicate child, weak eyes & small

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 1783

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) Female

3. Date of Birth, 4th September

4. Place of Birth, (Street and Number) Greenmont Avenue

5. Full Name of Mother, Louisa Weich

6. Mother's Maiden Name, Louisa Kusz Paul

7. Mother's Birthplace, Germany

8. Full Name of Father, Julius Weich

9. Father's Occupation, Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 S. Caroline

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4th September 1882

4. Place of Birth, (Street and Number)

Highland town

5. Full Name of Mother,

Rosa Gengler

6. Mother's Maiden Name,

Beahm

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Gengler

9. Father's Occupation,

Librarian

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. W. H. W. W.

Address,

112 E. Lexington Park St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4th of September 1882*
4. Place of Birth, (Street and Number) *383 East Orleans Street*
5. Full Name of Mother, *Kate Webster*
6. Mother's Maiden Name, *Kate Webster*
7. Mother's Birthplace, *Isle of Wight Somerset county*
8. Full Name of Father, *John C. Webster*
9. Father's Occupation, *Croftman*
10. Father's Birthplace, *Isle of Wight Somerset county*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Dunkel*
- Address, *77 North Chappel Street for Justina Dunkel*
- Remarks, *Healthy*

REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 4 1882
No 29 Bpaven st.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

Mary Schwartz
Saddling

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father.

August Schwartz
Boysmaker

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohmoeasser midwife
330 Hanover st.

Address,

Remarks,

Carried Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57837

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

4th September

4. Place of Birth, (Street and Number).

106 N. High Street.

5. Full Name of Mother,

Mary Elisabeth Obeling

6. Mother's Maiden Name,

Klausmeier

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Obeling

9. Father's Occupation,

Keeper of Restaurant

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Reidy, Librarian

Address,

1228 N. Sunnyside Ave

Remarks,

“That any physician, second-church, midwife, or other person in charge, who shall attend, assist or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.”

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4. September. 1882.
4. Place of Birth, (Street and Number) Cookaen. St Locust point Balto.
5. Full Name of Mother, Annie M. Loansen.
6. Mother's Maiden Name, Annie M. Mengersen.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin. P. Loansen.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Denmark.
- Name of Medical Attendant, or other Person who makes this Return. Miss. Hager Ethel
- Address. No. 13 Avenue Street
- Remarks.

Return of Birth Statistics in the City of Baltimore.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

57839

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 4th

4. Place of Birth, (Street and Number) No 5 Element

5. Full Name of Mother, Lucy Henry

6. Mother's Maiden Name, Lucy Hume

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Henry

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Miss Maggie E. E.

Address, No 13 Cuba

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



57840

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sept. 4

4. Place of Birth (Street and Number) Crofts Alley No 24

5. Full Name of Mother Charlotte J. Gassaway

6. Mother's Maiden Name Lucas

7. Mother's Birthplace Baltimore City

8. Full Name of Father Henry Gassaway

9. Father's Occupation Laborer

10. Father's Birthplace Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return. Frank S. Smith

Address No 35 George St City

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57841

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6 d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4 2 Sep 1890

4. Place of Birth, (Street and Number)

536 Cecelia St

5. Full Name of Mother,

Kate Cates

6. Mother's Maiden Name,

Kate Cates

7. Mother's Birthplace,

Dr. M. C. Cates

8. Full Name of Father,

John Dabner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Magawere

Address,

536 Cecelia St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

57842

SEP
28
1882
ULTIMO

- 28
1882
ALTIMO
- 34
30.)
- Female
White
Sept 40 1882
No 155- Forrest
Wm. & Bell
Mary & Ashew
Ballo
Henry J. Bell
Gas Fitter
Baltimore
Hena. Millgeist
182 & Monument

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17843

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Born

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

born Jan 4 September

4. Place of Birth, (Street and Number)

232 S. Dulles Str

5. Full Name of Mother,

Dorothea Winterstein

6. Mother's Maiden Name,

Dorothea Brauer

7. Mother's Birthplace,

Deutschland

8. Full Name of Father,

Charles Winterstein

9. Father's Occupation,

Schuhmacher

10. Father's Birthplace,

Deutschland

Name of Medical Attendant,

or other Person who makes this Return.

Friederike Braufmann

Address,

197 S. Dulles Str

Remarks,

Home

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5/1844

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Theresa Harnstein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 4th 1882

4. Place of Birth, (Street and Number) Harrison st

5. Full Name of Mother, Hannah Hornstein

6. Mother's Maiden Name, " Friedman

7. Mother's Birthplace, New York

8. Full Name of Father, Solomon Hornstein

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who takes this Return Mrs. C. Bernstein

Address, 113 E Lombard st

Remarks, GIVEN NAME 1882 3-18-54

1. m.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

57845

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *21 December 4th 1882*

4. Place of Birth (Street and Number) *657 Lexington St*

5. Full Name of Mother *Anna W. Baker*

6. Mother's Maiden Name *Anna M. Davis*

7. Mother's Birthplace *Hartford Co. Conn*

8. Full Name of Father *Edward W. Baker*

9. Father's Occupation *Druggist*

10. Father's Birthplace *Winchester Va*

Name of Medical Attendant, or other Person who makes this Return. *J. O. Dimes M.D.*

Address *411 N. Eager St*

Remarks

Correct Record of Vital Statistics in the City of Baltimore

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

57846

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace.

September 4' 1892
100 26 Carroll St
Laura V Wood
Biddorse
Baltimore
John H Wood
Baltimore
Car Maker

Name of Medical Attendant, or other Person who makes this Return

Mary A. Alwell

Address, 232 N. Donagh St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57847

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 4 1882

4. Place of Birth, (Street and Number)

1252 Chen St
Catharine Slater

5. Full Name of Mother.

6. Mother's Maiden Name,

Lepe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Alex. Slater

9. Father's Occupation,

Care Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary C. Edgewell

Address, 286 N. Enoch St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4th September

4. Place of Birth, (Street and Number)

75 Eastern Avenue

5. Full Name of Mother,

Margaret Zunger

6. Mother's Maiden Name,

Sinewer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Zunger

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street.

Remarks,

RETURN OF A BIRTH 57849

correct Record of Vital Statistics in the City of Baltimore.

¹⁰That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4th September

4. Place of Birth, (Street and Number)

64 E. Lombert street

5. Full Name of Mother,

Wital Con

6. Mother's Maiden Name,

Smittlauch

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Arckom Con

9. Father's Occupation,

Peddler

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return

Sarah Carper

Address,

72 E. Lombert street.

Remarks,

RETURN OF A BIRTH.

57850

Extract Regulations of the Board of Health to secure uniformity of
rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH. 57800

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (~~state whether Male or~~ Female) _____

2. Race or Color (if not of the white race) African

3. Date of Birth 17 Sept 92

4. Place of Birth (Street and Number) 66 Little Monument St.

5. Full Name of Mother Annie Wilson

6. Mother's Maiden Name Jones

7. Mother's Birthplace Baltimore

8. Full Name of Father John Wilson

9. Father's Occupation Driver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. John G. Jay M.D.

Address 75 Franklin St.

Remarks _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *4th Sept. 1882*

4. Place of Birth, (Street and Number) *Balto Gasatoga St No 565*

5. Full Name of Mother. *Franciska Telonovska*

6. Mother's Maiden Name. *Prisl*

7. Mother's Birthplace. *Polesia*

8. Full Name of Father. *John Prisl*

9. Father's Occupation. *Sailor*

10. Father's Birthplace. *Germany*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks.

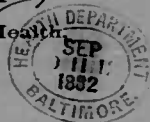
Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Sep 4. 1882.*

4. Place of Birth, (Street and Number) *Cross & Saratoga Sts*

5. Full Name of Mother, *Adelaide Lewis*

6. Mother's Maiden Name, *Schoon*

7. Mother's Birthplace, *Ind.*

8. Full Name of Father, *F. S. Lewis*

9. Father's Occupation, *Dentist*

10. Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes the Return *Dr. Morgan*

Address, *119 W. Monument St.*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

18

RETURN OF A BIRTH.

57853

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 children*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Apr 2 years and other 1 day*
4. Place of Birth (Street and Number) *Stockholm St. 38*
5. Full Name of Mother *Liza Glover*
6. Mother's Maiden Name *Liza Glover*
7. Mother's Birthplace *Annapolis Md*
8. Full Name of Father *Wm. Moberg*
9. Father's Occupation *Brick yard oyster shucker*
10. Father's Birthplace *Annapolis Md*
- Name of Medical Attendant, or other Person who makes this Return. *Superior Mills*
- Address *Stockholm St*
- Remarks *Well at present*

RETURN OF A BIRTH.

57854

Record of Vital Statistics in the City of Baltimore.

That any Physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth Sept 5th 1882
4. Place of Birth, (Street and Number) 301 N Broadway
5. Full Name of Mother Mary C. Hemming
6. Mother's Maiden Name " " Carter
7. Mother's Birthplace Baltimore
8. Full Name of Father William Hemming
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Edward D. McLevitt
- Address 27 Calverly St
- Remarks _____

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Colored
Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

5th September

4. Place of Birth, (Street and Number)

80 Jefferson

5. Full Name of Mother,

Katie Will

6. Mother's Maiden Name,

Katie Will

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Will

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mary Walter

Address,

125 N. Caroline

Remarks,

Correct Record of Vital Statistics, in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27

RETURN OF A BIRTH.

57856

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

21 Sept 1892

4. Place of Birth (Street and Number)

1001 E. 1st St. bet Morgan & Madison

5. Full Name of Mother

May Dorsey

6. Mother's Maiden Name

Harley

7. Mother's Birthplace

Harroll Maryland

8. Full Name of Father

Richard Arthur

9. Father's Occupation

Good Carrier

10. Father's Birthplace

Robert County

Name of Medical Attendant, or other Person who makes this return

Margaret Goldsborough

Address

1115 16th St

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57857

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 5th of September, 1882.
 4. Place of Birth, (Street and Number) 113 North Chappel Street.
 5. Full Name of Mother, Clara Stöckelmichol.
 6. Mother's Maiden Name, Clara Stöckenhofer.
 7. Mother's Birthplace, Germany.
 8. Full Name of Father, Max Stöckenhofer.
 9. Father's Occupation, Carpenter.
 10. Father's Birthplace, Germany.
 Name of Medical Attendant, or other Person who makes this Return Crescentia Kuntel.
 Address, 113 North Chappel St per Christina Kuntel.
 Remarks, Healthy.

SEP
1882

Return of Birth of Child in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 57858

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5th of September 1882*
4. Place of Birth, (Street and Number) *109 Chester street.*
5. Full Name of Mother, *Julia Schell*
6. Mother's Maiden Name, *Julia Stadel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Alben Stadel*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Ernestina Lunkel*
Address, *22 North Chappel street per Justina Lunkel*
Remarks, *Healthy.*

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh - (7)

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 5, 1882

4. Place of Birth (Street and Number)

279 E. Madison St.

5. Full Name of Mother

Betty Patterson

6. Mother's Maiden Name

" Horner

7. Mother's Birthplace

Hampden Va.

8. Full Name of Father

James Patterson

9. Father's Occupation

Engineer in Navy

10. Father's Birthplace

Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return.

Geo F. Taylor, M.D.

Address

222 N. Broadway

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 d child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

September 5th

4. Place of Birth, (Street and Number)

no 32 York St

5. Full Name of Mother,

Sarah Harkins

6. Mother's Maiden Name,

Sarah duBoisfield

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Harkins

9. Father's Occupation,

laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs Lydia Porter

Address,

no 4 patts co avenue

Remarks,

healthy child

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

14 RETURN OF A BIRTH 57861

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8401

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5. 6 Sept 1882

4. Place of Birth, (Street and Number)

399 South Eastern St

5. Full Name of Mother,

Mary Turner

6. Mother's Maiden Name,

Mary Simering

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Simering

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Hagerman

Address,

Russell St No 90

Remarks,

days
days
days
days
days

RETURN OF A BIRTH 57862

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

57862

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 5th 1882
4. Place of Birth, (Street and Number) 48 N. Calhoun St.
5. Full Name of Mother Ellen C. Camp
6. Mother's Maiden Name Seeringer
7. Mother's Birthplace Balto City
8. Full Name of Father Wm. Camp
9. Father's Occupation Merchant
10. Father's Birthplace Balto City
- Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
- Address Hanover & Barn Sts.
- Remarks

Extract Regulations of the Board of Health to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

57863

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male
White
September 5th 1890
115 N. Chapel St.
Marion Alexander
Marion Richardson
Baltimore
John G. Alexander
Caulker
Trinidad
Leah Walker
No 9 Duane St. N.Y.
Child was given to assist

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, last-ly, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57864

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5 September

4. Place of Birth, (Street and Number)

Margaritha Friedel

5. Full Name of Mother,

" Arnold

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ludwig Friedel

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Lombard Street No 248

Address,

Remarks,

Mrs. Maurel

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57868

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Sep 19

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 5th 1882
4. Place of Birth (Street and Number) 604 Penna Ave
5. Full Name of Mother Elinora Aram
6. Mother's Maiden Name Heskins-
7. Mother's Birthplace Balt Co
8. Full Name of Father William Aram
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Chas E Sadtler M.D.
- Address 515 Grand Well Avenue
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar infore said, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 5 1882*

4. Place of Birth (Street and Number) *Olive St - near Maryland Ave*

5. Full Name of Mother *Minnie E. Braden*

6. Mother's Maiden Name *" " Garrity*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Geo W. Braden*

9. Father's Occupation *N. Co. R. R. Shop*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who makes this Return *Geo. B. Reynolds*

Address *171 N. Calvert St*

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *5. 8. 1902*
4. Place of Birth (Street and Number) *Well Lane no 15*
5. Full Name of Mother *Ida Spriggs*
6. Mother's Maiden Name *Ida Brown*
7. Mother's Birthplace *Cullpeper County Va*
8. Full Name of Father *Jacob Spriggs*
9. Father's Occupation *coach coach man*
10. Father's Birthplace *Richmond County Va*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. M. Adams*
Address *Chesnut St. no 12*
Remarks

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

5/868

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)
Male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 5th 1882

4. Place of Birth, (Street and Number)

504 N Gay St

5. Full Name of Mother,

Louisa M. L. Manns

6. Mother's Maiden Name,

" " Frank

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

John Manns

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Regina A. Wampler

Address,

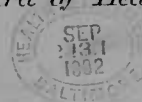
186 Harford Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or intervene at the birth of any child, within the City of Baltimore, shall report to the registrar addressed, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57869

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this report.

Address,

Remarks,

Female
Caucasian
Sept 5th 1882
96 Edmondson St.
Alice Mildason
Shelly
Owings Mills Ball Court
Frank Mildason
Larry Man & Deceman Factory
Owings Mills
E. H. Lee
192 W. Carey St
Robust weighing about 12 lbs
Supposed by the mother to be 1 month over due

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 5- 1882

4. Place of Birth, (Street and Number)

303 Calver St

5. Full Name of Mother,

Sarah C. Green

6. Mother's Maiden Name,

Griffin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robt. Green

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

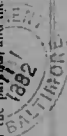
Mary A. Atwell

Address, 256 N. Lenoir St

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, ^{within six days} thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the ^{parents} and the maiden name of the mother of such child or children.



RETURN OF A BIRTH.

5/87/

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

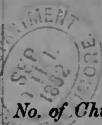
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child,
1. Sex (state whether male or female) Female,
2. Race or Color (if not of the white race) White race,
3. Date of Birth the 5 of September,
4. Place of Birth (Street and Number) No 11 Union st,
5. Full Name of Mother Mary Anne Whipple,
6. Mother's Maiden Name Mary Anne,
7. Mother's Birthplace in Baltimore,
8. Full Name of Father Amos Whipple,
9. Father's Occupation a Blacksmith,
10. Father's Birthplace in Baltimore,
- Name of Medical Attendant, or other Person who makes this return. Midwife Thresa Geller
- Address No 35 Bechtel St.
- Remarks

RETURN OF A BIRTH

5/87/

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."



RETURN OF A BIRTH 57872

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 5th. 1882.*
4. Place of Birth, (Street and Number) *No 233 E. Lombert St.*
5. Full Name of Mother, *Larah Meier*
6. Mother's Maiden Name, *Larah Schmidt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Meier*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 185 S.E. cor Central av. & Monument St.*

Remarks, *Died with the Blue disease*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57873

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5th Sept 1882

4. Place of Birth, (Street and Number)

Balto Lancaster No 30

5. Full Name of Mother,

Juliana Gabulska

6. Mother's Maiden Name,

J. Minemorska

7. Mother's Birthplace,

Poland

8. Full Name of Father,

A. Gabulsky

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Poland

Name of Medical Attendant,

or other Person who makes this Return

Wm. Roberts

Address,

69 N. Washington St

Remarks,



57874

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within this City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57874

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 4

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th Sept 1882

4. Place of Birth, (Street and Number) Balto Central Ave No

5. Full Name of Mother, Mary Stolars

6. Mother's Maiden Name, M. Rukaska

7. Mother's Birthplace, Bohemia

8. Full Name of Father, W. Stolars

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Address, 69 N. Washington St

Remarks, Mary Stolars

Return of a Birth

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *fourth* *Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 21st 1882*

4. Place of Birth, (Street and Number) *N. 8 St. Marks Corner*

5. Full Name of Mother, *Mary Ann. Gavin*

6. Mother's Maiden Name, *Marion. Dantin*

7. Mother's Birthplace, *Baltimore Maryland*

8. Full Name of Father, *John W. Gavin*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore Maryland.*

Name of Medical Attendant, *Anna Linn* or other Person who makes this Return

Address, *14-153. N. 11th St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *57876*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 6 - 1882

4. Place of Birth, (Street and Number)

No 384 Hamburg St

5. Full Name of Mother,

Fannie Benton

6. Mother's Maiden Name,

Day

7. Mother's Birthplace,

America

8. Full Name of Father,

William Benton

9. Father's Occupation,

Chipp carpenter

10. Father's Birthplace,

America

Name of Medical Attendant,
or other Person who makes this Return

J. Schweser midwife

Address,

330 Hanover St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Mulatto

3. Date of Birth,

Sept 6th 1882.

4. Place of Birth, (Street and Number)

127. Stirling St.

5. Full Name of Mother,

Mary Weeks.

6. Mother's Maiden Name,

7. Mother's Birthplace,

St Marys Co. Md

8. Full Name of Father,

Jacob Weeks.

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore Co.

Name of Medical Attendant, or other Person who makes this return

A. M. Belt M.D.

Address,

W. H. Sharp & Co.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

26

RETURN OF A BIRTH

57978

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

1 male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 9 1882

4. Place of Birth, (Street and Number)

308 Hoffman St Bal

5. Full Name of Mother,

Mary Hildecker

6. Mother's Maiden Name,

Mary Englehart

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

George Hildecker

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return

Mrs. S. Kelley

Address,

292 Pratt St Bal

Remarks,



Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



2nd

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex (state whether male or female)
- Race or Color (if not of the white race)
- Date of Birth 9. 6. 82
- Place of Birth (Street and Number) 455 Franklin St
- Full Name of Mother Alice A. Haskell
- Mother's Maiden Name Ward
- Mother's Birthplace Balto Md
- Full Name of Father John T. Haskell
- Father's Occupation Silver plater
- Father's Birthplace Balto Md
- Name of Medical Attendant, or other Person who makes this Return. W. Eastman
- Address 349 E. ...
- Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57880

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Sept 26

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Male
Cauc

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 6th

4. Place of Birth (Street and Number)

61 Davis St

5. Full Name of Mother

Kate Robinson

6. Mother's Maiden Name

Kate Ailor

7. Mother's Birthplace

Lexburg Va

8. Full Name of Father

Joseph Robinson

9. Father's Occupation

Coachman

10. Father's Birthplace

Cambridge Mass

Name of Medical Attendant, or other Person who makes this Return.

Samuel M. W.

Address

51 N. Calvert St

Remarks

Noted

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57881

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colloid*
3. Date of Birth *Sept. 6th 1882*
4. Place of Birth (Street and Number) *No. 59 Centre St.*
5. Full Name of Mother *Henrietta Squires*
6. Mother's Maiden Name *" Aquires*
7. Mother's Birthplace *Balto. City*
8. Full Name of Father *Unknown*
9. Father's Occupation *—*
10. Father's Birthplace *—*
- Name of Medical Attendant, or other Person who makes this Return *Dr. F. B. Gardner*
- Address *120 - 4, Greene St.*
- Remarks *This child was illegitimate*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



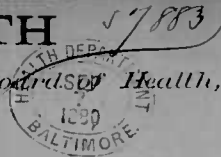
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) W.C.
3. Date of Birth, Sep. 6. 1882
4. Place of Birth, (Street and Number) 26 Bolton St
5. Full Name of Mother, Alie Ray
6. Mother's Maiden Name, " Sulphman
7. Mother's Birthplace, md
8. Full Name of Father, William M Ray
9. Father's Occupation, coalwood salesman
10. Father's Birthplace, md.
- Name of Medical Attendant, G Lane Taneyhill
or other Person who makes this Return
- Address, 129 W. Biddle St
- Remarks, _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First
Male
Entered
Sept. 6th 1880
96 Bethel st.
Fannie Miller
Fannie Miller
Belle.
No account
No account
No account
Fannie Miller
John A. Shuman, M.D.
1111 N. 1st St.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

Wit

3. Date of Birth,

September

4. Place of Birth, (Street and Number)

Canton St 294

5. Full Name of Mother,

Marg Klein

6. Mother's Maiden Name,

" " Pauper

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Christoph Klein

9. Father's Occupation,

Konnmager

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Lombard Street No 294

Address,

Remarks,

and more

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GREEN NAME ADDED 4-20-55
RETURN OF A BIRTH.

57880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Adah Thumbert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Sept. 8th 1882

4. Place of Birth (Street and Number)

201 Johnson St

5. Full Name of Mother

Maria Ella Thumbert

6. Mother's Maiden Name

Holmes

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Peter Hepburn Thumbert

9. Father's Occupation

Machineist

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Jewell

Address

58 Fort St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 6, 1882

4. Place of Birth, (Street and Number) # 21 Chestnut street

5. Full Name of Mother, Cathin Braxan +

6. Mother's Maiden Name, Lantry

7. Mother's Birthplace, Lantry county

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Harriet Jackson

Address, # 5 Forest street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 146

1. Sex, (state whether male or female) S. Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th Sept.

4. Place of Birth, (Street and Number) 56 Penn Ave.

5. Full Name of Mother, Mary Hoover

6. Mother's Maiden Name, Mary Bokholdt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Hoover

9. Father's Occupation, Laborer

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return, Ida Sadler

Address, 57 Edge St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

54

Female

Wdh

Sept 6, 1898

119 Franklin St.

Carolina Grace Schroeder

Bushard

Beressa

Geoffrey Schroeder

Barber

Baltimore

Mary Beth

328 E. Enoch St.

RETURN OF A BIRTH 57889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 6th 1882

4. Place of Birth, (Street and Number) No 179 S. Bethel St

5. Full Name of Mother, Margaretta Huber

6. Mother's Maiden Name, Joeltman

7. Mother's Birthplace, City

8. Full Name of Father, John Huber

9. Father's Occupation, Grocer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betts

Address, 121 Bank St

Remarks,

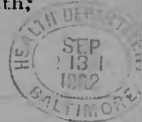
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17890

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

6 September 1882

4. Place of Birth, (Street and Number)

N. Howard St. 109 1/2

5. Full Name of Mother,

Maria ~~Salvatore~~ ^{Magdalena} Spano

6. Mother's Maiden Name,

M. M. Brady

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Salvatore Spano

9. Father's Occupation,

Fruit Dealer

10. Father's Birthplace,

Cotacuma, Sicily.

Name of Medical Attendant, or other Person who makes this Return

A. E. Reinhard

Address,

224 W. Fayette St. N. E.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57891

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th Sept 1882

4. Place of Birth, (Street and Number) 279 Hoffman St

5. Full Name of Mother, Fannie Virginia Barclay

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Edward Elsworth Barclay

9. Father's Occupation, Clerk

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Harry L. Byrd, M.D.

Address, 701 N. Calverton St, Baltimore

Remarks, instrumental Caes. Mother + Child in fine health + no complications



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 6th. 1882

4. Place of Birth, (Street and Number)

No. 75 Hillen St.

5. Full Name of Mother.

Mary Franz.

6. Mother's Maiden Name.

Mary Desh

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Franz.

9. Father's Occupation,

Shoemaker

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return

M. A. Butts

Address, No. 185. S.E. cor. Centre & V. Monument Sts.

Remarks, All well.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *born on the 6th of September 1882*
 4. Place of Birth, (Street and Number) *No. 840 W. Pratt St.*
 5. Full Name of Mother, *Annie Mohyger*
 6. Mother's Maiden Name, *M. Schreeder*
 7. Mother's Birthplace, *born in Hanover Germany*
 8. Full Name of Father, *George Mohyger*
 9. Father's Occupation, *Cook*
 10. Father's Birthplace, *born in Bavaria Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Miller*
- Address. *1017 W. Pratt St.*
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57894

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 6th 1882

4. Place of Birth, (Street and Number) 156 East Street 6th 1882

5. Full Name of Mother, Joseph M. Thompson Louisa Thompson

6. Mother's Maiden Name, Louisa McVey

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Joseph M. Thompson

9. Father's Occupation, Printer

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, Dr. H. H. McVey M.D.
or other Person who makes this Return

Address, 158 McManus Street

Remarks, _____

G. H. BULLANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

57895

c. or
aid,
lren
nce

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

6th Sept

4. Place of Birth, (Street and Number)

241 Durham St

5. Full Name of Mother,

Maria Steward

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles H. Steward

9. Father's Occupation,

Driver

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Ellen Carson

Address,

No 273 W. Chapel St

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, under or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57896

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 6th

4. Place of Birth, (Street and Number)

No 19 Pratt St

5. Full Name of Mother,

Mary Walter

6. Mother's Maiden Name,

White

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Walter

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sophia Simon
No 70 Granty St

Address,

Remarks,



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57897

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

31

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 6th 1882

4. Place of Birth, (Street and Number)

124 North Calhoun St

5. Full Name of Mother,

Alice Ruhl

6. Mother's Maiden Name,

alice Walker

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

William Ruhl

9. Father's Occupation,

Bar Keeper

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

J. Harvey Hill M.D.

Address,

119 Edmondson Avenue

Remarks,



RETURN OF A BIRTH 57898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
male

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 7th
At 23 North St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Harris
Kuhn

6. Mother's Maiden Name,

7. Mother's Birthplace,

Philadelphia
Joseph C Harris

8. Full Name of Father,

9. Father's Occupation,

Mechanic
Baltimore

10. Father's Birthplace,

Regina Brooklyn Ill.

Name of Medical Attendant, or other Person who makes this Return.

Address, 135 N Charles St.

Remarks?

Birth times have been earlier return, had I known "23" to be brother of child,
S.B.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57899

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth September 24 1882
4. Place of Birth, (Street and Number) Carroll Street #247
5. Full Name of Mother Annie Smith
6. Mother's Maiden Name Annie Dixon
7. Mother's Birthplace Baltimore
8. Full Name of Father Alfred Smith
9. Father's Occupation Cigar Shredder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Wallace
- Address # 113 Roland Street
- Remarks _____

RETURN OF A BIRTH 57900

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57900

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 11th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 9 / 92

4. Place of Birth, (Street and Number) No 66 W. Lombard St.

5. Full Name of Mother, Mary Rosenthal

6. Mother's Maiden Name, " " Singer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Rosenthal

9. Father's Occupation, Seaman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr J. S. Monroe Jr.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57901

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP
8
1892

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

770

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 7, 1882

4. Place of Birth, (Street and Number)

40 Nairn Ave

5. Full Name of Mother,

Eliza M. Griffin

6. Mother's Maiden Name,

Eliza M. Griffin

7. Mother's Birthplace,

East Md

8. Full Name of Father,

Wm. Jones

9. Father's Occupation,

Engineer

10. Father's Birthplace,

East Md

Name of Medical Attendant, or other Person who makes this return

Theodore Cooke MD

Address

146 Nairn St

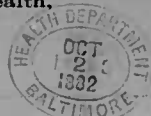
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1.

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September - 12 1932

4. Place of Birth, (Street and Number)

#188 1/2 Bethel St

5. Full Name of Mother,

Louise Muenstermann

6. Mother's Maiden Name,

Holthausen

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Muenstermann

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Louise Kraft

Address,

236 Canton Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of the Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

NAME: *Helen Lane Harris*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Sept 7. 1882*
4. Place of Birth, (Street and Number) *305 Park ave*
5. Full Name of Mother, *Ida J. Harris*
6. Mother's Maiden Name, *" " Green*
7. Mother's Birthplace, *Ind.*
8. Full Name of Father, *Richard A. Harris*
9. Father's Occupation, *clerk*
10. Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this Return

G. Lane Jamyhill

Address.....

129 W. Biddle

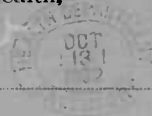
Remarks.....

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5/904

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th 11

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 7. 1882

4. Place of Birth, (Street and Number) 100 Jasper St

5. Full Name of Mother, Mary Sampson

6. Mother's Maiden Name, Johnson

7. Mother's Birthplace, Md

8. Full Name of Father, John Sampson

9. Father's Occupation, Coachman

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return G Lane Parryhill

Address, 129 W. 13th St. 11

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept. 7/82

4. Place of Birth, (Street and Number)

98 S. May St.

5. Full Name of Mother,

Fanny J. Donovan

6. Mother's Maiden Name,

Geary

7. Mother's Birthplace,

Bald.

8. Full Name of Father,

Frank Donovan

9. Father's Occupation,

Boat Maker

10. Father's Birthplace,

Bald.

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansford M.D.

Address,

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57906

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 7 Sept.

4. Place of Birth (Street and Number) 127 Park St.

5. Full Name of Mother Emma Nieman

6. Mother's Maiden Name Emma Brillson

7. Mother's Birthplace Balt.

8. Full Name of Father Howard Nieman

9. Father's Occupation Merchant

10. Father's Birthplace Balt.

Name of Medical Attendant, or other Person who makes this Return.

Address Dr. F. J. Friedman

Remarks None.

Christopher J. Smyth M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57907

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white race*
3. Date of Birth *born on the second of September*
4. Place of Birth (Street and Number) *at the North - West corner of Baltimore*
5. Full Name of Mother *Mrs. Catharine Puller*
6. Mother's Maiden Name *Miss Catharine Daffler*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Puller*
9. Father's Occupation *occupation is tailoring*
10. Father's Birthplace *was born at Tiefensturing Bavaria*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Anna Maria*
- Address *No. 37 Madison Street Baltimore*
- Remarks

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7908

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 7 / 92

4. Place of Birth, (Street and Number) 136 Denmark St

5. Full Name of Mother, Lilly Hoon

6. Mother's Maiden Name, Lilly Hyde

7. Mother's Birthplace, W.D.

8. Full Name of Father, Samuel A. Hoon

9. Father's Occupation, Lithographer

10. Father's Birthplace, W.D.

Name of Medical Attendant, J. M. Wells, M.D.
or other Person who makes this Return

Address, 188 Franklin St

Remarks,

REPORT OF VITAL STATISTICS FOR THE CITY OF BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57909

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept. 2/82
4. Place of Birth, (Street and Number) 238 Division St.
5. Full Name of Mother Sallie E. Shaffer
6. Mother's Maiden Name Shunk
7. Mother's Birthplace Carroll Co. Md.
8. Full Name of Father George D. Shaffer
9. Father's Occupation Harney Maker
10. Father's Birthplace Carroll Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. H. R. Gottenhoff M.D.
- Address 1016 Biddle St.
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Sept: 7. 1881

4. Place of Birth (Street and Number)

134 Chestnut St.

5. Full Name of Mother

Clara James

6. Mother's Maiden Name

Hilberts

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Nelson James

9. Father's Occupation

Writer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

J. W. Chambers
133 N. Exeter St.

Address

Remarks

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or ~~Color~~, (if not of the white race)

3. Date of Birth,

7th September

4. Place of Birth, (Street and Number)

46 Caroline street.

5. Full Name of Mother,

Mary Murdor

6. Mother's Maiden Name,

Bennet

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Murdor

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Humbert street.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5/7/12

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race) ..

W

3. Date of Birth,

Sept 7-

4. Place of Birth, (Street and Number)

83 Mulberry St

5. Full Name of Mother,

Maggie Campbell Brown
Campbell

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Joe Brown

9. Father's Occupation,

Bar Keeper

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

R. Winslow

Address,

201 W. Biddle St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57913

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Sept 14th 1882

4. Place of Birth, (Street and Number)

223. N. Register St.

5. Full Name of Mother,

Mary R. Bridan

6. Mother's Maiden Name,

Mary R. Cooper

7. Mother's Birthplace,

Paoli, Ind.

8. Full Name of Father,

John H. Bridan

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Paoli, Ind.

Name of Medical Attendant, or other Person who makes this Return

Edw. Walker

Address,

5, Luccan Ave.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57914

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept. 7th 1882

4. Place of Birth, (Street and Number)

112 E. River St.

5. Full Name of Mother,

Minty Taylor

6. Mother's Maiden Name,

Minty Williams

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

James Taylor

9. Father's Occupation,

Steadman

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. A. Williams

Address,

150 N. Euterod St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57915

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth
- Sex (state whether Male or Female) Female
- Race or Color (if not of the white race) Mixed
- Date of Birth Sept. 7th
- Place of Birth (Street and Number) 104 Tyson St.
- Full Name of Mother Marta Johnson
- Mother's Maiden Name Conis
- Mother's Birthplace Eastern Town
- Full Name of Father Lewis Johnson
- Father's Occupation Labourer
- Father's Birthplace Annapolis
- Name of Medical Attendant, or other Person who makes this Return. Wm. B. Kider
- Address 87 Mulberry St.
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57916

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 7th

4. Place of Birth, (Street and Number)

No 112 Malberry St

5. Full Name of Mother,

Ida Laraguen

6. Mother's Maiden Name,

Ida Wright

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Earl Laraguen

9. Father's Occupation,

Printer

10. Father's Birthplace,

New Hampshire

Name of Medical Attendant, or other Person who makes this Return.

J. Denton

Address,

No 2 Cathedral St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.

1. Sex, (state whether male or female) Girl.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 17th of September 1882.

4. Place of Birth, (Street and Number) 345 East Fayette Street.

5. Full Name of Mother, Susan Gimes.

6. Mother's Maiden Name, Susan Jones.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John H. Jones.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel

Address, 71 North Chappel St. for Justina Kunkel

Remarks, Healthy.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
4
1882

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 27th 1882

4. Place of Birth, (Street and Number)

220 Harford Ave

5. Full Name of Mother,

Mary Catherine Oshtekin

6. Mother's Maiden Name,

Trageser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Wehlein

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. W. Olden

Address,

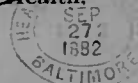
John E. Egan, Caroline Street

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57919

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17920

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ..

4. Place of Birth, (Street and Number) ..

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this return

Address, ..

Remarks, ..

Male

Color

Sept 8th 1882

140 Madison St

Mary I. Murry

Mary I. Richs

Baltimore Md

Marion Murry

Labor

Carlisle Co Md

Lucinda Woodruff

130 Register St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17921

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *second child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *8 of september 1882*
4. Place of Birth, (Street and Number) *Roll street no 267*
5. Full Name of Mother, *Mrs Mary Peacock*
6. Mother's Maiden Name, *Mary Davies*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mrs Phillip Peacock*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*

Address, *12 Patterson Park Ave*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

17722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 8

4. Place of Birth, (Street and Number)

46 N Mount St

5. Full Name of Mother,

Sallie Smith

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Saml Smith

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

J. M. Wilson

Address,

157 Mad Ave

Remarks,

That any Physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 8

4. Place of Birth, (Street and Number)

Lafayette Ave near Stricker St

5. Full Name of Mother,

Fellie Curry

6. Mother's Maiden Name,

Charley

7. Mother's Birthplace,

Ann Arundel Co

8. Full Name of Father,

Wm H Curry

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baldr Co

Name of Medical Attendant, or other Person who makes this Return.

J H Wilson

Address,

257 Madison Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57924

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 27 Dec. 1892 Baltimore Md.
4. Place of Birth, (Street and Number) Sept. 2. 1892.
5. Full Name of Mother, Mary East
6. Mother's Maiden Name, Mary ~~Talbot~~ Tollenhurst
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles East
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. East
- Address, 117 Johnson St Baltimore Md
- Remarks,

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Sept 8th*

4. Place of Birth (Street and Number) *482 W. Balt. St.*

5. Full Name of Mother *Mrs. Francis Daffin*

6. Mother's Maiden Name *Miss Alice Kelly*

7. Mother's Birthplace *Balt. City*

8. Full Name of Father *Francis D. Daffin*

9. Father's Occupation *Printer*

10. Father's Birthplace *Balt. City*

Name of Medical Attendant, or other Person who makes this Return. *H. F. Hill M.D.*

Address *473 Franklin St.*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57926

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 8th

4. Place of Birth (Street and Number)

106 N. Ave. St.

5. Full Name of Mother

Maggie Leekhouse

6. Mother's Maiden Name

Reayle

7. Mother's Birthplace

City

8. Full Name of Father

Henry Leekhouse

9. Father's Occupation

Fireman

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

J. C. Beach M.D.

Address

15 N. Ave. St.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race) ...

White

3. Date of Birth.

8 September

4. Place of Birth, (Street and Number)

Doherty Street No 44

5. Full Name of Mother.

Gunigunde Herbst

6. Mother's Maiden Name.

" " Zimmermann

7. Mother's Birthplace.

Piedersmberg Prussia

8. Full Name of Father.

Georg Herbst

9. Father's Occupation.

10. Father's Birthplace.

Piedersmberg Prussia

Name of Medical Attendant, or other Person who makes this Return

Address,

Longhart Street No 278

Remarks,

Mrs. Marshall

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57928

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 8th 1882

4. Place of Birth, (Street and Number)

54 Crayola Street

5. Full Name of Mother,

Rachel Elap

6. Mother's Maiden Name,

Rachel Fried

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Herman Elap

9. Father's Occupation,

Cantor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

A. H. Edwards M.D.

Address,

8th Eglar St

Remarks,



For Record of this Birth in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Eighth of September 1882

4. Place of Birth (Street and Number)

Cor of Garden & Madison St 143

5. Full Name of Mother

Mrs Annie Sutton

6. Mother's Maiden Name

Annie Gray

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Richard Sutton

9. Father's Occupation

Public Coachman

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Annie Johnson

Address

124 N. 1st St

Remarks

Living Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 8th 02*

4. Place of Birth, (Street and Number) *137 Myrtle St.*

5. Full Name of Mother, *Lina Maerner*

6. Mother's Maiden Name, *a Gehring*

7. Mother's Birthplace, *Sachsen*

8. Full Name of Father, *Aug Maerner*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Mary Hook*

Address. *2255 E. Howard St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Missing #57932

That any Physician, accouchement midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5/9/33

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th -

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sep 8th -

4. Place of Birth, (Street and Number)

52 E. Eager -

5. Full Name of Mother,

Anne Derrall

6. Mother's Maiden Name,

Hard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Derrall

9. Father's Occupation,

Farmer

10. Father's Birthplace,

New Jersey

Name of Medical Attendant, or other Person who makes this return.

Wm Whitridge

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 8th 1882

4. Place of Birth, (Street and Number)

Baltimore Holland St. No. 9

5. Full Name of Mother,

Rose. Heart

6. Mother's Maiden Name,

.. Craven

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Heart

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkin St.

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP. 5/1931
OCT
1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Sept. 8 1882
P. Wallstraße 24
Louise Mike mann

Frank
Balt.
Franz Mike mann
" Clerk
Balt.

Mrs. Joh. Rauchbach
P. Wallstraße 14

and any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57936

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th Sept 1882

4. Place of Birth, (Street and Number)

Bethel St No 84

5. Full Name of Mother, Mary Selinka

6. Mother's Maiden Name, Mary Bender

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Matthew Selinka

9. Father's Occupation, Saloner

10. Father's Birthplace, Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Deapthals

Address,

69 No Washington St

Remarks,

Mary Selinka

DULANEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 57937

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth.
4. Place of Birth, (Street and Number)
5. Full Name of Mother.
6. Mother's Maiden Name.
7. Mother's Birthplace.
8. Full Name of Father.
9. Father's Occupation.
10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Notary Public, Baltimore, Md. I hereby certify that the foregoing is a true and correct copy of the original as filed in my office.

RETURN OF A BIRTH

17938

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *26th Sept. 1893*

4. Place of Birth, (Street and Number) *1043 Dallas street*

5. Full Name of Mother, *Cecilia Jones*

6. Mother's Maiden Name, *Cecilia Reed*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Henry Jones*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Dr. James Morgan*

Address, *No. 47 North Dushan Street*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57739

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



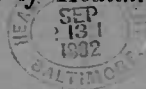
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 8 1882*
4. Place of Birth, (Street and Number) *8 Monmouth Co*
5. Full Name of Mother, *Helen Conklyn*
6. Mother's Maiden Name, *Helen Grant*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Conklyn*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wm E. Tracy*
- Address, *193 Chester*
- Remarks, *Dead*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 5794A

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth September 8th 1882
 4. Place of Birth, (Street and Number) N^o 261 William St
 5. Full Name of Mother Mary Ellen Meakens
 6. Mother's Maiden Name Mary Ellen Corbier
 7. Mother's Birthplace Baltimore
 8. Full Name of Father John Meakens
 9. Father's Occupation Police Officer
 10. Father's Birthplace Virginia
 Name of Medical Attendant, or other Person who makes this Return. Kathrine Hermann
 Address N^o 18 Byrd St
 Remarks

RETURN OF A BIRTH 5794A

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

17941

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 7*
4. Place of Birth, (Street and Number) *Giles Lane No. 5*
5. Full Name of Mother, *Gora Schneider*
6. Mother's Maiden Name, *Gora Wagner*
7. Mother's Birthplace, *Born in Baltimore M.D.*
8. Full Name of Father, *George Schneider*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore M.D.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Prof. Wümf
1 Second Street

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57942

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *September 24, 1887*
4. Place of Birth, (Street and Number) *Eastern Ave. No. 100*
5. Full Name of Mother. *Sarah Timm*
6. Mother's Maiden Name, *Sarah Timm*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Timm*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm. E. Heister*

Address, *108 Allen St. No. 2*

Remarks.

57942

RETURN OF A BIRTH

17743

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 9/82

4. Place of Birth, (Street and Number)

42 1/2 Pine

5. Full Name of Mother,

Bertha A. Martin

6. Mother's Maiden Name,

" " Mahan

7. Mother's Birthplace,

Annapolis Md

8. Full Name of Father,

Benj T Martin

9. Father's Occupation,

Coach Driver

10. Father's Birthplace,

Balto. Md

Name of Medical Attendant, or other Person who makes this Report

Thomas Opie M.D.

Address,

39 N. Carey St.

Remarks,

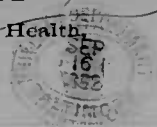
That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

and any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57944

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 54

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 9

4. Place of Birth, (Street and Number) No 235 Gough st

5. Full Name of Mother, Mrs. Lora Johnson

6. Mother's Maiden Name, Deback

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Cyrus J. Deback

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Getzke

Address, No 235 S. Bond st

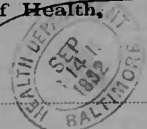
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registers aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57945

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9th 83
4. Place of Birth, (Street and Number) # 92 St Peter St.
5. Full Name of Mother, Ely Kaufmann
6. Mother's Maiden Name, Schaefer
7. Mother's Birthplace, Hindessen
8. Full Name of Father, F. D. Kaufman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Hindessen
- Name of Medical Attendant, or other Person who makes this Return Mary Roth
- Address, # 328 S. Eustace St.
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th Sept.
4. Place of Birth, (Street and Number) # 435 Humboldt St
5. Full Name of Mother, Catharina Heerman
6. Mother's Maiden Name, Roschick
7. Mother's Birthplace, Sweden
8. Full Name of Father, Jacob Heerman
9. Father's Occupation, Laborer
10. Father's Birthplace, Sweden
- Name of Medical Attendant, or other Person who makes this Return Mary Kohl
- Address 328 J. Calvert St
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *September 1882*
4. Place of Birth (Street and Number) *Cor. N. E. cor of Schroeder & Pratt*
5. Full Name of Mother *Healen Bennett*
6. Mother's Maiden Name *Healen Birmingham*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Bennett*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Alfred C. Colburn*
- Address *343 W. Lombard St.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

9th September

4. Place of Birth, (Street and Number)

64 Bester street.

5. Full Name of Mother,

Elizabeth Featigarel

6. Mother's Maiden Name,

Rock

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Stephen Featigarel

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 17980

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 9th 92

4. Place of Birth, (Street and Number) 219 Madison St.

5. Full Name of Mother, Catherine Haskell

6. Mother's Maiden Name, Catherine Haskell

7. Mother's Birthplace, Md

8. Full Name of Father, Michael Haskell

9. Father's Occupation, Porter

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return

Address, 189 Madison

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. *3* child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *9th. of Sept.*
4. Place of Birth, (Street and Number) *Ad 7. Butler Street Baltimore*
5. Full Name of Mother, *Mahaly Barclay*
6. Mother's Maiden Name, *Mahaly Jennifer*
7. Mother's Birthplace, *Laylors England*
8. Full Name of Father, *Webster Barclay*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Eastern Shore, Md.*
- Name of Medical Attendant, *or other Person who makes this Return.* *Mrs. Susan Morgan*
- Address, *No 47 North Bond Street*
- Remarks,

State any previous illness, convulsions, or other peculiarities, and of the parent to certify, who shall sign, and of
advice at the birth of any child, within the City of Baltimore, shall report to the Registrar, aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 10th 1892*

4. Place of Birth, (Street and Number) *Cum gratia H. no number*

5. Full Name of Mother, *Elizabeth Singer*

6. Mother's Maiden Name, *Elizabeth Schneider*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Friedrich Singer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *1821 W. N. 19 St.*

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57913

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *September 1st. 1892*
4. Place of Birth, (Street and Number) *1. Maple St. No. 1*
5. Full Name of Mother, *Maggie Horrie*
6. Mother's Maiden Name, *Maggie Crutcher*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Horrie*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Harry E. Martin* or other Person who makes this Return

Address, *1625 Calver St. Baltimore*

Remarks, _____

57954

SEP 15 1932

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2 m

Female

White

Sept. 9th 1882

Baltimore Columbia Ave. 95

Martildine Eren

Williams

Baltimore

William Eren

Libores

Baltimore

or other Person who
makes this Return

Mrs. C. Mitchell

№ 3-8 Parkin 4

Remarks.

For Record of Birth Statistics in the City of Baltimore.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

57955

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

77th Charles St - Balto. Ind

4. Place of Birth (Street and Number)

Sep: 9th 1882

5. Full Name of Mother

Charlotte Ridgely

6. Mother's Maiden Name

a Manning

7. Mother's Birthplace

Cumberland Md

8. Full Name of Father

Frank Ridgely

9. Father's Occupation

Commercial Traveller

10. Father's Birthplace

Balto. W. J.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. M. L. M. D.
178 Madison St.

Address

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and if the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

001

1882

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

96

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 9. 82.

4. Place of Birth, (Street and Number)

Frimont St. No 125

5. Full Name of Mother,

Katherine Penbeyer

6. Mother's Maiden Name,

Leimbühler

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Thomas Henry Berber

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Balt.

Name of Medical Attendant,

or other Person who makes this Return

Mr. J. H. Muenbach

Address,

1101 W. 14th St

Remarks,

Print and fill out, or have printed and filled out, by some other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP 17 1882
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Sept 9 82
V. A. Aestel St. No. 36
Theresa Bittner
Schreyer
Balt.
Johann Bittner
Schreyer
Balt.
Wm. John Traubach
17 N. 14

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 26th 1882*

4. Place of Birth, (Street and Number) *Eastern Ave. 13453*

5. Full Name of Mother, *Haggie Bailey*

6. Mother's Maiden Name, *Haggie McCall*

7. Mother's Birthplace, *Philadelphia Pa U. S.*

8. Full Name of Father, *John Meilly*

9. Father's Occupation, *Marine*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Huber*

Address, *10 Dallas St. No 26*

Remarks,

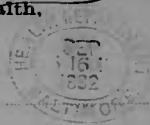


Continue Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57959

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 10

4. Place of Birth, (Street and Number) 73 Cambridge St.

5. Full Name of Mother, Annie Freund

6. Mother's Maiden Name, Leok

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas. Freund

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Part

Address, 15 Baltimore Park

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

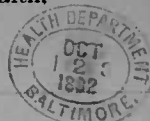
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
 1. Sex, (state whether male or female) *Girl*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *10th of September 1882*
 4. Place of Birth, (Street and Number) *91 North Chappel Street per*
 5. Full Name of Mother, *Annie Pope*
 6. Mother's Maiden Name, *Annie Grub*
 7. Mother's Birthplace, *Baltimore county*
 8. Full Name of Father, *Charlie Grub*
 9. Father's Occupation, *Laborman*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return *Justina Kunkel*
 Address, *11 North Chappel Street per Justina Kunkel*
 Remarks, *Healthy*

RETURN OF A BIRTH ⁵⁷⁹⁶¹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 10 1892

4. Place of Birth, (Street and Number) 1146 S. Bethel St

5. Full Name of Mother, Louise Glitsmann

6. Mother's Maiden Name, Regus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ernst Glitsmann

9. Father's Occupation, Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, Mrs Louise Craft
or other Person who makes this Return

Address, 236 Canton Ave

Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57962

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

1. Sex. (state whether male or female)

Male

2. Race or Color. (if not of the white race)

White

3. Date of Birth,

September 10, 1892

4. Place of Birth, (Street and Number)

#442 Canton Ave

5. Full Name of Mother.

Lipin Trippel

6. Mother's Maiden Name.

Kelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Anton Trippel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57962

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12nd
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Sept 10th
4. Place of Birth (Street and Number) 46 Regent St
5. Full Name of Mother Mary Appelle
6. Mother's Maiden Name " Foster
7. Mother's Birthplace Cochester, Conn
8. Full Name of Father S. R. Merrill
9. Father's Occupation Sailor
10. Father's Birthplace Cochester, Conn
- Name of Medical Attendant, or other Person who makes this Return, Dr. Birch Jr
- Address 151 Hanover St
- Remarks

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5 BIRTH

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

West

3. Date of Birth,

10 September

4. Place of Birth, (Street and Number)

Hamster Street No 144

5. Full Name of Mother,

Elisabetha Kreiber

6. Mother's Maiden Name,

" " Lambert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Heinrich Kreiber

9. Father's Occupation,

Kreiber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

26 Markt Street No 248

Address,

Remarks,

Mrs. Maurer

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

60

RETURN OF A BIRTH

57961

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *sixth.*

1. Sex. (state whether male or female) *female.*

2. Race or Color, (if not of the white race) *white.*

3. Date of Birth, *10th of Sept.*

4. Place of Birth, (Street and Number) *302 near Church Street.*

5. Full Name of Mother, *Susan Anna Smith.*

6. Mother's Maiden Name, *Lena.*

7. Mother's Birthplace, *Blackamin, Somerset Co. New Jersey.*

8. Full Name of Father, *Daniel John Smith.*

9. Father's Occupation, *Shoe-maker.*

10. Father's Birthplace, *Blackamin, New Jersey.*

Name of Medical Attendant, or other Person who makes this Return *Mrs Emily Seisto, Midwife.*

Address, *102 W. Fayette Street.*

Remarks,

NOTE: Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *September 10th 1882*

4. Place of Birth, (Street and Number) *No. 1 McElderry St.*

5. Full Name of Mother, *Cather Sigel*

6. Mother's Maiden Name, *Schroepfer*

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *L. Sigel*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return

Address, *Mrs. G. Bernstein
113 E. Lombard St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH ⁵⁷⁹⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

September 10

4. Place of Birth, (Street and Number)

Baltimore Street Albasanna N 368

5. Full Name of Mother.

Elizabeth Crawford

6. Mother's Maiden Name.

Elizabeth Diamond

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

William T. Crawford

9. Father's Occupation.

Wood Turner

10. Father's Birthplace.

Alexandria Va

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

1212 Patterson Park, D.C.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57968

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September 10th 1882*
4. Place of Birth (Street and Number) *136 North Avenue*
5. Full Name of Mother *Eliza Jewell Crowther*
6. Mother's Maiden Name *Eliza Jewell Crawford*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *William Barley Crowther*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Cranston Batts. Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *A. J. Bell M.D.*
- Address *234 Madison Avenue*
- Remarks *Baltimore Md.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 10th

4. Place of Birth, (Street and Number) No 148 S. Hoff St

5. Full Name of Mother, Louis Baddeley

6. Mother's Maiden Name, Rosenhance

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Baddeley

9. Father's Occupation, Barber Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Gitzke

Address, No 55 S. Bond St

Remarks,

SEP
16
1882

RECEIVED

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

5797A

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *10 of September*
4. Place of Birth (Street and Number) *164 Henrietta*
5. Full Name of Mother *Christianna Clark*
6. Mother's Maiden Name *Christianna Burnet*
7. Mother's Birthplace *Summerset St D*
8. Full Name of Father *Perry Clark*
9. Father's Occupation *Stevor*
10. Father's Birthplace *Crap talbert country*
Name of Medical Attendant, or other Person who makes this Return. *Mrs Annie Johnson*
Address *91 Tice St*
Remarks *doing well*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57971

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
September 10th 1922

186 West Henry St

Mary Leahy
" McCulliffe

McCand

Paul H. Leahy

Restaurateur Keeper

McCand

H. L. Spain M.D.
357 W. Lombard St

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57972

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10 1882
4. Place of Birth, (Street and Number) 62 Erie St
5. Full Name of Mother, Hanna Lightman
6. Mother's Maiden Name, Ann Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Lightman
9. Father's Occupation, Book Binder
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Wm C. Gray
- Address, 193 Chester
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

1
female

2. Race or Color (if not of the white race)

white

3. Date of Birth

September 10

4. Place of Birth (Street and Number)

✓ mabara af

5. Full Name of Mother

anna tiller

6. Mother's Maiden Name

= = babson

7. Mother's Birthplace

baltimore

8. Full Name of Father

rubie tiller

9. Father's Occupation

carpenter

10. Father's Birthplace

chester county

Name of Medical Attendant,

or other Person who makes this Return.

Stacy Partner

Address

59 madison al

Remarks

RETURN OF A BIRTH 17974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

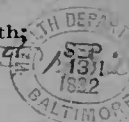
2nd
Female
White
Sep 10th -
Dr. Poppleton & Pierce St.
Mary Butler -
Kilduff
Salt -
Eugene Butler -
Grass founder -
Maryland
J. M. Whedge

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5797A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. September 1 - 92



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 10th 1882

4. Place of Birth, (Street and Number) No 127 Bank Street

5. Full Name of Mother, Kate Bachmann

6. Mother's Maiden Name, Kate Shaab

7. Mother's Birthplace, America

8. Full Name of Father, Marcus Bachmann

9. Father's Occupation, Reverant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 1137 N. 11th St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57976

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*



1. Sex, (state whether ~~male~~ female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 10, 1882*

4. Place of Birth, (Street and Number) *E. Dallas St. No. 39*

5. Full Name of Mother, *Emma Widdich*

6. Mother's Maiden Name, *Emma Hermann*

7. Mother's Birthplace, *Balds*

8. Full Name of Father, *Julius Widdich*

9. Father's Occupation, *Wine Grinder*

10. Father's Birthplace, *Balds*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *E. Dallas St. No. 26*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 7777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 10th 1889
4. Place of Birth, (Street and Number) 21 Wilkins Avenue
5. Full Name of Mother Mary Elizabeth Warnkin
6. Mother's Maiden Name Mary Elizabeth Stewart
7. Mother's Birthplace Baltimore
8. Full Name of Father Fredrick Warnkin
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Morris, M.D.
- Address 205 Franklin St
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57978

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sept 10th 1882
4. Place of Birth (Street and Number) Balto. Hamburg St no 303
5. Full Name of Mother Eugenia Victoria Gantt
6. Mother's Maiden Name Eugenie Victoria Gross
7. Mother's Birthplace Calvert Co Md
8. Full Name of Father Augustus Gantt
9. Father's Occupation Drayman
10. Father's Birthplace Calvert Co Md
- Name of Medical Attendant, or other Person who makes this Return.
- Address Mrs Francis Gantt
- Remarks

First record of your statistics in the City of Baltimore.

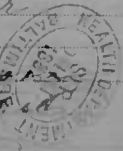
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57979

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth 10 Septbr. 1892
4. Place of Birth (Street and Number) Forrest. S. W. cor. Forest
5. Full Name of Mother Emma Kessler
6. Mother's Maiden Name Emma Kessler
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo. Kessler
9. Father's Occupation Liquor dealer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Dr. Chapman
- Address 57 E. Baltimore St.
- Remarks



"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Boys

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 10th Sept 1882

4. Place of Birth, (Street and Number)

Saltsk. Washington St No 62

5. Full Name of Mother, A Winterling

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Winterling

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary Roper

Address,

64 St. Washington

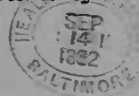
Remarks,



1. Any child born in the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 57981

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 11 of Dec

4. Place of Birth, (Street and Number)

No 250 Central, Wm,

5. Full Name of Mother,

Lora Houbt

6. Mother's Maiden Name,

Lora Behling

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Albert Behling

9. Father's Occupation,

Saler

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Christina Lauer

Address,

113 Grafton Wm.

Remarks,

1882

RETURN OF A BIRTH, 57982

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth September 11th 1882

4. Place of Birth, (Street and Number) 207 Madison St

5. Full Name of Mother Mary C. G. Galt

6. Mother's Maiden Name " " " " "

7. Mother's Birthplace Baltimore

8. Full Name of Father Edward Galt

9. Father's Occupation Coal Miner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward G. Galt

Address 54 W. 11th St

Remarks I was lying in bed with expectant

name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 5798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(1) first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

September 11th 1882
305 west Pratt st.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Louise Lindeman

6. Mother's Maiden Name,

Louise Fleck

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Carl Lindeman

9. Father's Occupation,

Restaurant Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Kunigunda Schlifer

Address,

20 Columbia St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57714

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Apr. 11 - 5 55 P.M. 1882*
4. Place of Birth (Street and Number) *W. Co. John & Wolf St.*
5. Full Name of Mother *Edith Pauline Amendt*
6. Mother's Maiden Name *Jo. Pauline Amendt*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *Christian P. Amendt*
9. Father's Occupation *Shoe-maker*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Donville M.D.*
- Address *299 E. Baltimore St.*
- Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

16

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

11 of Sept

4. Place of Birth, (Street and Number)

Conaway St 160

5. Full Name of Mother.

Martha Stiler

6. Mother's Maiden Name.

Sinclairie

7. Mother's Birthplace.

Cambridge

8. Full Name of Father.

John Stiler

9. Father's Occupation,

Sailor

10. Father's Birthplace.

Cambridge

Name of Medical Attendant, or other Person who makes this Return

Dr Wilson

Address,

Cross St 138

Remarks,

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 57986

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11th 1882
4. Place of Birth, (Street and Number) No. 340 N. Washington St.
5. Full Name of Mother, Kate Walter
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Anthony Pink
8. Full Name of Father, Store Keeper
9. Father's Occupation, Baltimore
10. Father's Birthplace, No. N. Bull
Name of Medical Attendant, or other Person who makes this Return
Address, 10185 N. E. cor. Central av. & Monument St.
Remarks, All Well.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

(2) Second.
Female.
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

(11) September

4. Place of Birth, (Street and Number)

69. Sterrett St.

5. Full Name of Mother.

Christine Hettche

6. Mother's Maiden Name,

" " " " Gonderman.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Hettche

9. Father's Occupation,

Blacksmith

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return

Wife Minch

Address,

1. Laurensfeld St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 57988

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) _____

3. Date of Birth Sept. 11th 1882

4. Place of Birth (Street and Number) 194 Saratoga

5. Full Name of Mother M^{rs} McCarthy

6. Mother's Maiden Name Denniston

7. Mother's Birthplace Virginia

8. Full Name of Father Joseph J. McCarthy

9. Father's Occupation Shoemaker

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Eugene J. Cordell

Address 125 N. Charles St

Remarks 1st position of vertex - delay - forceps used -
Slight rupture of Perineum - No other accident - Recovery good

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar forthwith, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
4
1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 11, 1882*

4. Place of Birth, (Street and Number) *86 W. Green St.*

5. Full Name of Mother, *Emma Elizabeth Price*

6. Mother's Maiden Name, *Anna*

7. Mother's Birthplace, *Balt City*

8. Full Name of Father, *Augustus W. Price*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Balt City*

Name of Medical Attendant, or other Person who makes this Return

Marshall Brown M.D.
88 W. Green St.

Address.

Remarks.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 5799A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 11 1882

4. Place of Birth, (Street and Number) Del in car

5. Full Name of Mother, Gene Brueckler

6. Mother's Maiden Name, Gene Reifer

7. Mother's Birthplace, Germany

8. Full Name of Father, August Brueckler

9. Father's Occupation, Tinner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Miss Delaney

Address, Miss Drans

Remarks, X

THE CITY REGISTRAR, BALTIMORE, WHO HAS IN CHARGE, WHO SHALL RETURN, AND OF
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

57991

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

pt

1. Sex, (state whether male or female) ... Male
2. Race or Color, (if not of the white race) ... White
3. Date of Birth, ... Sept. 11th 1882
4. Place of Birth, (Street and Number) ... 401 Calvert St
5. Full Name of Mother, ... Julia J. Appold
6. Mother's Maiden Name, ... Julia Turnbull
7. Mother's Birthplace, ... Balto
8. Full Name of Father, ... Howard Appold
9. Father's Occupation, ... Merchant
10. Father's Birthplace, ... Balto

Name of Medical Attendant, or other Person who makes this Return.

F. E. Chataud Jr

Address,

114 Park
Balto

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57992

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Sept 11th 1882
4. Place of Birth, (Street and Number) 10 Jackson Square
5. Full Name of Mother MARGARET WHITE
6. Mother's Maiden Name Blackburn
7. Mother's Birthplace Canada
8. Full Name of Father Henry A White
9. Father's Occupation Shipping Merchant
10. Father's Birthplace London England
Name of Medical Attendant, or other Person who makes this Return. D W Gathrell M.D.
Address 2 W B m l n g
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

57993

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex (state whether Male or Female)

Female
Colored

2. Race or Color (if not of the white race)

3. Date of Birth

11th Sept -

4. Place of Birth (Street and Number)

25 Wayne Street

5. Full Name of Mother

Frances A. Spriggs

6. Mother's Maiden Name

Frances Ann Cooke

7. Mother's Birthplace

Conway St Baltimore

8. Full Name of Father

Andrew A. Spriggs

9. Father's Occupation

Whitewasher and Colorer

10. Father's Birthplace

Conway St Btwt Howard & Bay

Name of Medical Attendant, or other Person who makes this Return.

Mary Jane Richardson

Address

212 Dover St

Remarks

Mother and Child doing well

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57994

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11 1882
4. Place of Birth, (Street and Number) 1160 Belkington Ave
5. Full Name of Mother, E. Fannie Adams
6. Mother's Maiden Name, E. Tom Adams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James B. Adams
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Mr. E. Tracy
Address, 193 E. Euter
Remarks,

REPORTED CASES AND DEATHS OF NOTIFIABLE DISEASES--NON-RESIDENTS

RETURN OF A BIRTH

57995

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
181
1922

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 11th

4. Place of Birth, (Street and Number) No 123 Euter st

5. Full Name of Mother, Caroline Fortenbach

6. Mother's Maiden Name, Glibsche

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert Fortenbach

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Sophia Simon
or other Person who makes this Return

Address, No 70 Granby st

Remarks,

PRINTED AND STATISTICS

RETURN OF A BIRTH

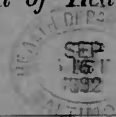
57996

17th
days
of the
month

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 57996

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth September 11 1892
4. Place of Birth, (Street and Number) 19 Southam St
5. Full Name of Mother Mary Jackson
6. Mother's Maiden Name Mary Hunt
7. Mother's Birthplace Baltimore city
8. Full Name of Father Robert Jackson
9. Father's Occupation car maker
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Mary corner 152
- Address Collington street Baltimore Md
- Remarks _____

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 57917

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 11th '82

4. Place of Birth, (Street and Number)

Eden Court.

5. Full Name of Mother,

Annie Hawkins

6. Mother's Maiden Name,

Annie Williams

7. Mother's Birthplace,

Anne Arnold Co

8. Full Name of Father,

John Hawkins

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Anne Arnold Co.

Name of Medical Attendant, or other Person who makes this Return

Frank Walker

Address,

No. 15 - Suncoast Alley

Remarks,

RETURN OF A BIRTH.

57998

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Name of Mother (state whether 1st, 2d, 3d, &c)

2nd child

Sex (state whether Male or Female)

Male

Color (if not of the white race)

Colored

Date of Birth

Monday 11th September 1882.

Place of Birth (Street and Number)

Water, cor. of Republican St.

Name of Mother

Sallie Turner

Maiden Name

don't know

Place of Birth

Mo.

Name of Father

Mr Turner

Occupation

Head carrier

Place of Birth

Mo

Name of Medical Attendant, or other person who makes the return.

Caroline Jones

Remarks

It is a fine large boy, a healthy child

RETURN OF A BIRTH

57999

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 September

4. Place of Birth, (Street and Number)

34 W. High street

5. Full Name of Mother,

Sary Caster

6. Mother's Maiden Name,

Culture

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Caster

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who
makes this Return

Sarah Casper

Address,

72 E. Humbert street

Remarks,

shall report to the Registrar of Vital Statistics, Board of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 18000

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name of Child: Edna S. Cox

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth September 11th

4. Place of Birth, (Street and Number) Baltimore William St No 239

5. Full Name of Mother (Cary) B Cox

6. Mother's Maiden Name Lucy B (Chiles) Childs

7. Mother's Birthplace Gabriel Co Md

8. Full Name of Father Walter Cox

9. Father's Occupation Laborer

10. Father's Birthplace Charles City Co Md

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Hatcher

Address William St No 304

Remarks

REPORTED CASES AND DEATHS OF NOTIFIABLE DISEASES--NON-RE

NEED ENDING JANUARY 6, 1939

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 58001

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 11 1882

4. Place of Birth, (Street and Number) 192 S. Durham St

5. Full Name of Mother, Ellen Swift

6. Mother's Maiden Name, Kirby

7. Mother's Birthplace, City

8. Full Name of Father, Joseph Swift

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Roth

Address, 122 Back St

Remarks,

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
4
1882

58002

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Confinement

1. Sex, (state whether male or female)

(Two Births) Male + Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Monday Sept 11th 1882

4. Place of Birth, (Street and Number)

34 Emsw St

5. Full Name of Mother,

Ada Stahl

6. Mother's Maiden Name,

Ada Chamberlain

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Justin Stahl

9. Father's Occupation,

Jeweller

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Wilmer Dintore M.D.

Address,

25 1/2 Greenmont Ave

Remarks,

DULANEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

58003

Keep records of your statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

58003

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

September 11th 1882

4. Place of Birth (Street and Number)

Ch. Calhoun St No 245

5. Full Name of Mother

Laura V. Wilson

6. Mother's Maiden Name

Laura V. Fowler

7. Mother's Birthplace

Baltimore County

8. Full Name of Father

H. Clay Wilson

9. Father's Occupation

Salesman

10. Father's Birthplace

Balto County

Name of Medical Attendant, or other Person who makes this Return.

L. G. Spanow M.D.

Address

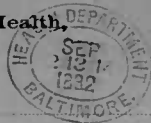
427 N. Stricker St

Remarks

RETURN OF A BIRTH *58004*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 S. x, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *11th Sept.*
 Place of Birth, (Street and Number) *Corner of Park & Jefferson*
 Full Name of Mother, *Ann M. Keil*
 Mother's Maiden Name, *Annie Margaret Brase*
 Mother's Birthplace, *Baltimore City*
 Full Name of Father, *John Keil* *Latv. Balto.*
 Father's Occupation, *Decorative Painter*
 Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return *Theresa Glasgow, M.D.*
 Address, *McClary St. Extended*
 Remarks.



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

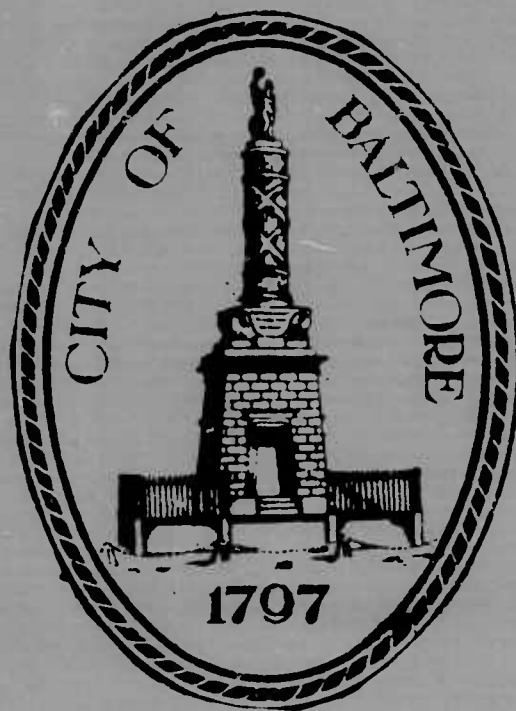
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 13th DAY Dec.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #52926 AND
ENDING WITH #58004 ARE AC-
CULATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF: Vital Statistics DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. M. Faul



END OF REEL